



## ADA and Other – Request for Accommodation Form

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact Texas A&M AgriLife Human Resources at [agrilifehr@ag.tamu.edu](mailto:agrilifehr@ag.tamu.edu) or 979-845-2423 to request this information.

**INSTRUCTIONS:** Texas A&M AgriLife Human Resources uses this form to review requested accommodations submitted by employees or prospective employees, in compliance with System Regulation 08.01.02, *Civil Rights Protections for Individuals with Disabilities*. **Please do not use abbreviations in any of the fields.**

<b>Employee/Prospective Employee Name (print)</b>	<b>UIN</b>	<b>Date</b>
<b>Supervisor Name (print)</b>	<b>Job Title</b>	
<b>Employee's/Prospective Employee's Unit/Department</b> <i>(Please do not abbreviate department/unit name – print only)</i>	<b>Employee's/Prospective Employee's Phone Number</b>	
<b>Employee's/Prospective Employee's Work schedule (check all that apply)</b>		
<div style="display: flex; justify-content: space-around;"> <span>Monday</span> <span>Tuesday</span> <span>Wednesday</span> <span>Thursday</span> <span>Friday</span> <span>Saturday</span> <span>Sunday</span> </div>		
Hours _____		

In accordance with Title I, Employment, of the Americans with Disabilities Act of 1990 (ADA), as amended, and Texas A&M University System Regulation 08.01.01, *Civil Rights Compliance*, Texas A&M AgriLife will not discriminate against a qualified individual with a disability in matters such as job application procedures; hiring, advancement or discharge practices; compensation; job training; or other terms, conditions, and privileges of employment.

An employee or prospective employee who requests an accommodation must obtain a medical statement that contains a diagnosis, prognosis, and the major life function that is substantially limited. The medical statement should include an evaluation regarding the effect that the impairment has on the employee's or prospective employee's ability to perform the duties associated with the position. A request for reasonable accommodation(s) cannot be denied without the review and concurrence of AgriLife Human Resources, and the approval by the ADA Coordinator.

**DEFINITIONS:**

**Disability** – The term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such impairment; or being regarded as having such an impairment.

**Qualified Individual** – A qualified individual means an individual who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires.

**Reasonable Accommodations** – Reasonable accommodations may include making existing facilities used by employees, students, and the public readily accessible to and usable by individuals with disabilities; job restructuring,

part-time or modified work schedules; reassignment to a vacant position; acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.

**Undue Hardship** – Undue hardship means an action requiring significant difficulty or expense when considered in light of the following factors:

- a) The nature and cost of the accommodation needed;
- b) The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility, the effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility;
- c) The overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type, and location of its facilities; and
- d) The type of operation or operations of the covered entity, including the composition, structure, and functions of the workforce of such entity; the geographic separateness, administrative or fiscal relationship of the facility or facilities in question to the covered entity.

**1. What specific accommodations are you requesting? Please provide, if possible, a description (i.e., if you are requesting a piece of equipment or device, please provide description, manufacturer, cost, where to order, etc.).**

  
  
  
  
  
  
  
  
  
  

**2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?      Yes      No      If yes, please describe below:**

  
  
  
  
  
  
  
  
  
  

**3. Is your accommodation request time sensitive?      Yes      No      If yes, please explain below.**

  
  
  
  
  
  
  
  
  
  

**4. What, if any, job function do you have difficulty performing?**

  
  
  
  
  
  
  
  
  
  

**5. What, if any, employment benefit do you have difficulty accessing?**

  
  
  
  
  
  
  
  
  
  

**6. What limitation is interfering with your ability to perform your job or access an employment benefit?**

  
  
  
  
  
  
  
  
  
  

**7. Have you previously had an accommodation or job modification in the past for the same limitation?      Yes      No      If yes, what were the modifications and how effective were they?**

**8. If you are requesting an accommodation or job modification, how will that accommodation assist you in doing the essential functions of your job?**

**9. Please provide any additional information that might be useful in processing your accommodation request.**

I give Texas A&M AgriLife permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, as amended, and other applicable laws. This may include speaking to appropriate Texas A&M AgriLife personnel and/or my health care professional. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements. I understand that I may be required to provide appropriate documentation, including the impact of my limitations on my ability to perform the essential functions of my job. I further understand that Texas A&M AgriLife has the right to determine which effective reasonable accommodation will be provided.

---

Employee/Prospective Employee Name (print)

---

Employee/Prospective Employee Name (signature)

Date

**TO SUBMIT FORM or for ASSISTANCE CONTACT:**

Texas A&M AgriLife Human Resources  
Mail Stop 2147 TAMU College Station, TX 77843-2147  
[agrilifehr@ag.tamu.edu](mailto:agrilifehr@ag.tamu.edu) or Fax 979.458-1046

**For Office Use Only**

--	--

Received by

Date Received

Approved:      Yes      No