



**UNIVERSITY OF TEXAS AT EL PASO
EMPLOYEE REQUEST FOR ACCOMMODATION**

This form is an initial step in processing your request for accommodation under the University's "Accommodations for Individuals with Disabilities" policy. An accommodation is defined as a reasonable modification or adjustment to the job application process or the work environment that enables a qualified person with a disability to perform the essential functions of that job. In order to determine whether you are eligible for accommodations under the Americans with Disabilities Act (ADA), the University will ask that you sign a Release of Information form that permits the University to discuss your medical condition with your healthcare provider. Having a medical condition alone is not enough to make you eligible for accommodation under the Americans with Disabilities Act. Under the ADA, an individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such impairment. A substantial limitation is defined as an impairment that prevents the performance of a major life activity that the average person in the general population can perform or a significant restriction as to the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the average person in the general population. Measures that correct or mitigate a physical or mental impairment, and the effects of those measures, shall be considered in determining whether an individual is substantially limited in a major life activity.

The Americans with Disabilities Act requires that the University keep medical information confidential. However, the law allows certain individuals to be informed of your condition as needed. These persons can include your manager(s) or supervisor(s), human resource personnel, first aid and safety personnel, personnel investigating compliance with the ADA and other persons with a need to know. The law does not prohibit you from voluntarily discussing your condition or medical information about yourself.



I, _____ (print name), am requesting that the University provide me with a reasonable accommodation pursuant to the Americans with Disabilities Act. I understand that I must be able to perform the essential functions of my job with or without accommodation.

Position _____

Department _____

Work Phone _____ **Home Phone** _____

Email Address _____

Immediate Supervisor _____ **Supervisor's Phone** _____

Briefly, describe your work duties _____

What is your medical condition? (specify medical condition(s) which affects your job and for which you are requesting accommodation)



Is this condition permanent? Yes No

If your condition is not permanent, what is the expected duration? _____ (date)

To manage your condition, do you use medication or other aids? Yes No

If "yes," please describe _____

Do the medications or aids you use have side effects which affect your ability to do your job?

Yes No

If "yes," please explain _____

What specific work-related duties are impacted by your medical condition? _____

Are there any major life activities that you are unable to perform or are severely restricted in performing due to your medical condition? Yes No

If "yes," please explain _____

What reasonable accommodation(s) are you requesting to enable you to perform the essential functions of your job? Please be specific. _____

Employee Signature _____

Date _____