

**“DISABILITY ACCOMMODATION FOR APPLICANTS AND EMPLOYEES”
EMPLOYEE REQUEST FOR ACCOMMODATION
UNIVERSITY OF TEXAS AT AUSTIN**

This form is an initial step in processing your request for accommodation under the University's "Disability Accommodation for Applicants and Employees" policy. An accommodation is a reasonable modification or adjustment to the job application process or work environment that enables a qualified person with a disability to be considered for a position, perform the essential functions of a position, or enjoy the same benefits and privileges of employment as are enjoyed by non-disabled employees. In order to determine whether you are eligible for accommodations under the Americans with Disabilities Act, 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.

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.

Please submit the completed form by Mail or in Person to:

Equal Opportunity Services

Campus Mail: NOA 4.302, A9400

U.S. Mail: The University of Texas at Austin, Equal Opportunity Services,

P.O. Box 7609, Austin, TX 78713

I, (first, middle, last 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 _____ **UT EID:** _____

Department _____

Work Address _____

Work Telephone Number _____ **Home Phone Number** _____

Immediate Supervisor _____ **Supervisor's Number** _____

Briefly, the work I do is _____

My medical condition is (specify medical conditions which affect your job)

This condition is permanent or expected to last until_____ **(date).**

To manage my condition, I take the following medication or use the following aids:

The medications or aids I use ___do___ do not have side effects which affect my ability to do my job. If they do, explain.

The activities that my condition impairs are:

The reasonable accommodation I am requesting is

Employee Signature _____

Date _____