

**Reasonable Accommodations Request Form**

**Date:**

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| **Status:** | [ ]  Student [ ]  Employee |
| **Name:** |       |
| **School:** |       |
| **Department:** *(Employees Only)* |       |
| **Program:** *(Students Only)* |       |
| **Phone:** | Home:        | Mobile:       |
| **Email Address:** |       |

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| **I. Questions regarding your job or academic program related limitations** |
| ***Employee:*** What job-related limitations are you currently experiencing as a result of a medical condition, and are such limitations temporary, or permanent? If temporary, please indicate how long you anticipate they will last? ***Student:*** What academic program-related limitations are you currently experiencing as a result of a medical condition, and are such limitations temporary, or permanent? If temporary, please indicate how long you anticipate they will last? |
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| Have you ever previously been provided workplace or academic related accommodations as a result of this medical condition?  |  [ ]  Yes [ ]  No |
| *If* ***yes****, when and what were the accommodations?*       |

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| **II. Questions to clarify your current request for accommodation** |
| ***Employee:*** What specific accommodation(s) do you believe may enable you to perform all of your job duties and/or meet the other expectations of your job, and how long do you anticipate you will need such accommodations? If you are not certain which accommodations may be effective, but have ideas about such accommodations, please include those as well.***Student:*** What specific accommodation(s) do you believe may enable you to perform all of your academic requirements and/or meet the other expectations of your academic program, and how long do you anticipate you will need such accommodations? If you are not certain which accommodations may be effective, but have ideas about such accommodations, please include those as well.  |
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| Do you believe that your accommodation request is time sensitive, or that you may not be able to safely perform your job duties or academic requirements until/if such accommodations are provided? If yes, please also provide an explanation of these concerns. |  [ ]  Yes [ ]  No |
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| **III. Comments**Please provide any additional information that might be helpful in evaluating your accommodation request. |
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**Signature:** **Date:**

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| ***Employees:*** Please return this form to Diversity & Equal Opportunity7000 Fannin St., Ste. 150; Houston, TX 77030**Email:** CALL@uth.tmc.edu **Fax:** 713-500-3131 | ***Students:*** Please return this form to your school’s Section 504 Coordinator who will coordinate with Diversity & Equal Opportunity. Refer to: <https://www.uth.edu/hoop/section-504-coordinators.htm> If you have any questions, please contact your school’s Section 504 Coordinator or Diversity & Equal Opportunity. |