



## ADA and Other – Accommodation Discussion Notes

**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. To request this information, contact [Employee-Relations@tamu.edu](mailto:Employee-Relations@tamu.edu) or (979) 862-4027.

**INSTRUCTIONS** This form is used to document discussions with the employee and HR Liaison, supervisor, and/or others regarding inquiries or requests for reasonable accommodations. (System Regulation 08.01.02). **Please do not use abbreviations on any of the fields.**

Employee Name	Date
Is this discussion occurring before or after accommodation was provided: <input type="checkbox"/> before <input type="checkbox"/> after <input type="checkbox"/> other _____	
Method of communication: <input type="checkbox"/> phone <input type="checkbox"/> in person <input type="checkbox"/> Other/email, etc. _____	
Summary of discussion/interaction:    	
Action to be taken and due date:    	

Individuals involved in the interactive process:

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Signature (Name and Title) \_\_\_\_\_  
Date

<b>MAINTAIN FORM</b> <b>in separate confidential medical file</b>	<b>NEED HELP?</b> Employee Relations Department 979.862.4027   <a href="mailto:Employee-Relations@tamu.edu">Employee-Relations@tamu.edu</a>
--	---