

## ADA and Other – Accommodation Summary & Response 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. To request this information, contact <a href="mailto:Employee-Relations@tamu.edu">Employee-Relations@tamu.edu</a> or 979.862.4027.

**INSTRUCTIONS** This form is used in response to your request for accommodation in compliance with System Regulation 08.01.02. *Please do not use abbreviations on any of the fields.* 

Employee Name (print)	UIN	
Employee's Job Title (print)	Date	
Employee's Department (No abbreviations - print)	Employee's work phone	
Employee requested a workplace accommodation on this date		
Employee requested a workplace accommodation on this date:		
Name (print)		
Employee requested a workplace accommodation. (check all that apply)		
Verbally Submitted TAMU Accommodation Form Other		
Employee submitted supporting medical documentation. (check one)		
□ Yes, TAMU Medical Questionnaire Form □ Yes, Other Provider Form □ No □ N/A		

Individuals involved in the employee's accommodation request, interactive process, review of supporting documentation, and consideration of alternate accommodations include:

Name (print)	Date	
Name (print)	Date	
Name (print)	Date	
Name (print)	Date	

□ <u>Approved</u>: The employee's request for a workplace accommodation has been approved as requested, in part, or is an alternate accommodation.

Approved workplace accommodation(s):

Target date for implementation: \_\_\_\_\_\_ Accommodation(s) expires one year from implementation date.

## OR

## $\hfill\square$ Not Approved: The employee's request for a workplace accommodation has NOT been approved.

Requested workplace accommodation(s) that was denied and reason for denial:

Department Signature (Name and Title)	Date
ADA Coordinator Signature (denials only) (Name and Title)	Date
SUBMIT FORM TO: Employee Relations Department Employee-Relations@tamu.edu or Fax 979.862.3610 Maintain form in the department, in a separate confidential Medical file, if required.	<b>NEED HELP?</b> Employee Relations Department 979.862.4027 Employee-Relations@tamu.edu