

**University of Houston-Victoria
Request for Workplace Accommodation Form**

Employee Requesting Accommodation _____ Date _____

Job Title _____ Department _____ Ext. _____

Type of Accommodation Requested

___ schedule change	___ work site modification	___ modification of duties
___ special equipment needed	___ job restructuring	___ interpreter/reader
___ modification of equipment	___ other:	

Employee must provide a detailed description of each type of requested accommodation in the space below
(attach a separate sheet, if necessary):

Medical documentation to support accommodation request attached: Yes No

I authorize the ADA Coordinator (Director HR/EO) to contact and exchange information with my supervisor, my licensed health care practitioner and/or any other individual the ADA Coordinator deems appropriate, pertaining to my ability to perform my essential job functions, to work in the job environment, and to work a particular job schedule. Information exchanged will be limited to those individuals responsible to make and/or implement workplace accommodation determinations. **FINAL APPROVAL IS SUBJECT TO INSTITUTIONAL REVIEW**

Employee Signature _____ Date _____

Original: ADA Coordinator,
Human Resources Department
(361) 570-4800

Copy: Employee's Supervisor