## Texas Tech University Health Sciences Center El Paso

To be completed by Employee:

## CONFIDENTIAL

All information shared with TTUHSCEP through the ADA/ADAAA evaluation

and/or reasonable accommodation process will be maintained separate from personnel files and in accordance with all ADA requirements.

## REASONABLE ACCOMMODATION REQUEST

Individuals who are employed by TTUHSCEP and are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and ADAAA of 2008 (ADAAA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf. Completed forms are to be returned to your supervisor and a copy to your local Human Resources Office.

Tech ID (R#)		Request Date	
Car	mpus/Location	Telephone	
Sup	pervisor's Name	Supervisor's Telephone	
1.	. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis.		
	position according to your job description. If you a foresee in completing your job duties. Be as specifi	(s) your ability to perform the essential functions of your re a new employee, state the anticipated difficulties you ic as possible regarding the job duties you are having difficulty orming. Please attach a copy of your job description.	
3.	List the accommodation(s) you are requesting in or	rder to perform your essential job functions.	

## ${\it Reasonable\,Accommodation\,Request}$

4.	Add a	ny comments you believe may be helpful in our consi	deration of your request.	
5.	Medical verification of the impairment(s) (check the appropriate box):			
	I have enclosed the applicable medical documents with this		vith this request.	
		The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain.		
	<b>NOTE:</b> TTUHSCEP reserves the right to request documentation if the evaluator believes more information is appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.			
	_	Employee Signature	Date	
		Supervisor Signature  ns: Forward this request and any accompanying documentive Director of Human Resources through your respect	Date ments, including the employee's position description, to ive Human Resources office.	
		For HR Use (	 Only	
_	Initi	reasonable accommodation request process.	construction" have been considered during the	
	Reas	onable accommodation request approved. Description	n of reasonable accommodation to be implemented:	
	Reas	onable accommodation request denied. Reason:		
De	ecision	letter sent to requestor on:(date	e) via regular and certified mail.	
_		HR Designee	Date Request Completed	