

**DISABILITY ACCOMMODATION FOR APPLICANTS AND EMPLOYEES
EMPLOYEE REQUEST FOR ACCOMMODATION
UNIVERSITY OF TEXAS AT AUSTIN
OFFICE OF INSTITUTIONAL EQUITY**

This form is an initial step in processing your request for an accommodation under the University's Disability Accommodation for Applicants and Employees Policy. An accommodation is a reasonable modification or adjustment to the job application process or work environment that enables a qualified individual with a disability to be considered for a position, perform the essential functions of a position, or enjoy the same benefits and privileges of employment as are enjoyed by non-disabled employees. In order to determine whether you are eligible for accommodations under the Americans with Disabilities Act Amendment Act (ADAAA) of 2008, the University will ask that you sign a Release of Information form that permits the University to discuss your medical condition with your healthcare provider. Having a medical condition alone is not enough to make you eligible for accommodation under the Americans with Disabilities Act Amendment Act of 2008. Under the ADAAA, an individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. A substantial limitation is defined as an impairment that prevents the performance of a major life activity that most people in the general population can perform.

The Americans with Disabilities Act Amendment Act of 2008 requires that the University keep medical information confidential. However, the law allows certain individuals to be informed of your condition as needed. These persons can include your manager(s) or supervisor(s), human resource personnel, first aid and safety personnel, personnel investigating compliance with the ADAAA and other persons with a need to know. The law does not prohibit you from voluntarily discussing your condition or medical information about yourself.

Please submit the completed form by Mail or in Person to:

Office of Institutional Equity

Campus Mail: NOA 4.302D

U.S. Mail: The University of Texas at Austin, Office of Institutional Equity,

101 East 27th Street, STOP A9400, Austin, Texas 78712-1541

Phone: (512) 471-1849 Fax: (512) 471-8180

E-mail: equity@utexas.edu

I, (first, middle, last name) _____
am requesting that the University provide me with a reasonable accommodation pursuant to the Americans with Disabilities Act Amendment Act of 2008. I understand that I must be able to perform the essential functions of my job with or without an accommodation.

Position _____ **UT EID:** _____

Department _____

Work Address _____

Work Telephone Number _____ **Home/Cell Phone Number** _____

Email: _____

Immediate Supervisor _____ **Supervisor's Number** _____

Briefly describe the work you do.

Specify all medical conditions that affect your job.

Is this condition permanent? _____

How long is this condition expected to last? _____ (date).

Identify all medications and aids you use to manage the condition.

Do the medications and/or aids you use have side effects that affect your ability to do your job? If yes, explain.

Identify what activities the condition impairs.

Identify the reasonable accommodation you are requesting.

Employee Signature: _____ **Date:** _____