



**Texas A&M AgriLife**  
**Reasonable Workplace Accommodation Request Form**  
**for Employees and Applicants**

If you need assistance in completing this form, please contact AgriLife Human Resources at 979-845-2423.

The Americans with Disabilities Act of 1990 (ADA), as amended, requires employers to provide reasonable accommodations for qualified employees and applicants with disabilities unless such accommodations pose an undue hardship. In general, the employee or applicant with a disability is responsible for letting the employer know that an accommodation is needed to perform essential job functions or to receive equal benefits and privileges of employment. Employers are not required to provide accommodations if they are not aware of the need.

**Section A – Employee/Applicant Information – Please print:**

Last Name, First Name, Middle Initial: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor's name (if employee): \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Name of person completing form if different than employee/applicant: \_\_\_\_\_

**Section B - Questions to clarify the requested accommodation**

If not visible/obvious, what is your disability/impairment? \_\_\_\_\_

How long is this condition expected to last? \_\_\_\_\_

What specific accommodation are you requesting? – Please check all that apply:

Alternative access to website and/or online forms (e.g., screen reader, closed captioning)

- \_\_\_ Print material in an alternative format (e.g., large print, Braille)
- \_\_\_ Accessible parking and/or building access (e.g., keyless entry, restrooms, break rooms)
- \_\_\_ Use of service animal in the workplace.
- \_\_\_ Computer and communication technology access (e.g., alternative input devices, adaptive keyboard, alternative mouse, voice input, screen reading software, screen magnification, telephone amplification, smart phone or tablet applications)
- \_\_\_ Workspace modifications (non-structural changes such as furniture, lighting, space, noise abatement)
- \_\_\_ Services or work related assistance (e.g., task lists, alternative work location, flextime)
- \_\_\_ Emergency evacuation and shelter in place plan needs
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_ Not sure what accommodation is needed - please explain: \_\_\_\_\_

**Section C - Questions to document the reason for accommodation request**

What, if any, job function are you having or do you expect to have difficulty performing?

\_\_\_\_\_

Have you had any accommodations in the past for this same limitation? Yes \_\_\_ No \_\_\_

If yes, what were the accommodation(s) and how effective were they? \_\_\_\_\_

If you are requesting a specific accommodation, how will that accommodation assist you in completing your job duties? \_\_\_\_\_

Please provide any additional information below that might be useful in processing your accommodation request.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please return completed form to Texas A&M AgriLife Human Resources, TAMU 2147, College Station, TX 77843 or via fax to 979-458-1046.

<b>Human Resources Use Only:</b>		
<b>Request Approved?</b>	<b>Yes</b>	<b>No</b>