

# ADA Workplace Accommodation Request – GUIDELINES



NOTE: The information we are seeking relates only to any condition you may have that affects your ability to perform your essential job functions. The genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you and your medical provider not provide any genetic information when responding to this request for medical information.

## 1. Employee Responsibilities

- Review the current position description and determine the essential functions of the job which you cannot do or can do only with difficulty.
- Complete the **ADA Workplace Accommodation Request – Employee Form** to include information about the disability and the requested accommodation.
- Submit the completed **ADA Workplace Accommodation Request – Employee Form** to the ADA Coordinator
- Meet with the ADA Coordinator to discuss the request process and determine if an *Authorization for Limited Release of Medical Information* is necessary.
- Attach the current position description to the **ADA Workplace Accommodation Request – Medical Provider Form**, have the medical provider complete the form **fully**, and ensure the form is submitted to the ADA Coordinator.

## 2. Medical Provider Responsibilities

- Review the essential functions of the job based upon the current position description that is attached to the **ADA Workplace Accommodation Request Medical Provider Form**.
- **Fully** complete and sign the form called **ADA Workplace Accommodation Request – Medical Provider Form** and return it to the employee or mail it to:

Texas A&M University – San Antonio  
Attn: Office of Human Resources - CAB 439  
One University Way,  
San Antonio, TX 78224  
Email: [EmployeeBenefits@tamusa.edu](mailto:EmployeeBenefits@tamusa.edu) or Fax: (210) 784-2056

## 3. ADA Coordinator Responsibilities

- Review with the employee the request process and determine if an *Authorization for Limited Release of Medical Information* is necessary.
- Provide and explain to the employee the **ADA Workplace Accommodation Request – Employee Form** and the **ADA Workplace Accommodation Request – Medical Provider Form**.
- Provide confirmation of receipt of the workplace accommodation request.
- Review the 2 completed forms and determine:
  - a) If the individual had a disability as defined by the ADA;
  - b) If the employee is a qualified person with a disability;
  - c) Whether or not the requested workplace accommodation is reasonable;
  - d) Whether or not the requested workplace accommodation will enable the employee to meet the essential functions of the job; and
  - e) Whether or not there are other reasonable accommodations that are equally effective.
- Notify the employee in writing of the determination and follow up as needed and appropriate.