

ADA Request for Accommodation Form

Privacy Notice : State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact [Human Resources](#) at 936.294-1872.

INSTRUCTIONS This form is used by Human Resources to review requested accommodations submitted by employees in compliance with [Finance & Operations Policy HR-05 Workplace Accommodations](#).

Please do not use abbreviations on any of the fields.

Employee Name (print)	Sam ID	Date
Supervisor Name (print)	Job Title	

Employee's Department (Please do not abbreviate department name)

4. What, if any, job function

