UT Health San Antonio
Human Resources

Americans with Disabilities Act(ADA)
Staff Request for Accommodation

The following Request for Reasonable Accommodation Under the Americans with Disabilities Act (ADA) form is to be completed by the employee and returned to the Office of Human Resources.

To be completed by Employee

Name: _____ Badge ID Number: _____

Phone #: _____ E-Mail: _____

Department: _____ Supervisor: _____

Position/Title: _____

Campus/Work Location: _____

Work Schedule (Days and Hours): _____

ACCOMMODATION BEING REQUESTED *Attach additional pages if necessary*

Please describe the physical and/or mental impairment(s) that led to this request for accommodation.

_____

_____

_____

_____

Please explain how the impairment(s) affect your ability to successfully perform your job duties.

_____

_____

_____

_____

Please describe the accommodation(s) you are proposing. Be as specific as possible.

_____

_____

_____

_____

Please indicate the expected duration of the impairment(s). ☐ Permanent ☐ Temporary: Anticipated End Date

Employe Signature: _____ Date: _____

Return completed form to:
UT Health San Antonio, Office of Human Resources
7703 Floyd Curl Drive, San Antonio, Texas 78229

Fax Number: 210-567-6791
E-mail: HR-LeaveAdmin@uthscsa.edu