



REQUEST FOR REASONABLE ACCOMMODATION

Office of Human Resources • PO Box 9701, McAllen TX. 78502 • Phone: (956) 872-4448 • Fax: (956) 872-4445

If you have a disability that substantially limits your ability to perform one or more job functions, you may be entitled to a reasonable accommodation if you need the accommodation to be able to perform your job functions. To request a reasonable accommodation, please complete this request form and submit it to the Office of Human Resources in-person, or by mail or fax to the address/fax listed above. South Texas College may require you to provide a certification from a Physician or a Health Care Provider certifying your disability and the need for an accommodation. The Office of Human Resources will provide you with the medical certification form which you will need to present to your physician or healthcare provider. The medical certification form will need to be returned within 15 days to the Office of Human Resources

Employee's Name:	Employee's No.:
Job Title:	Email Address:
Department:	Work Phone No.:
Supervisor:	Email Address:

Under the Americans With Disabilities Act (ADA), "disability" is defined as a physical or mental impairment that substantially limits one or more major life activities of the employee. An impairment is substantially limiting if a person is unable to perform a major life activity as compared to an average person in the general population. Major life activities include but are not limited to:

- (i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
- (ii) The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

Do you have a physical or mental impairment that limits your ability to perform one or more of your job functions? ____ Yes ____ No
 If you answered "yes", please describe your impairment: _____

Please identify each job function which are unable to perform due to the physical or mental impairment:

Please describe how your physical or mental impairment limits your ability to perform each of the job function(s) you have identified above.

Please describe the accommodation(s) that you are requesting and how the accommodation(s) will assist you in being able to perform the job function(s) that you are having difficulty performing.

By signing this form, I understand that I am granting permission to South Texas College to explore coverage and reasonable accommodations under the Americans with Disabilities Act (ADA). This may include the College requesting information from the appropriate College personnel and/or your health care provider(s) to determine whether and how reasonable accommodation can be provided. All information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. As part of this process, you will be required to provide appropriate documentation of your disability, including the impact of the functional limitations on your ability to perform the essential functions of your job. If it is determined that you have a qualifying disability and the College determines that you are eligible for an accommodation, the accommodation provided by the College may not be the exact accommodation(s) that you are requesting.

ALL REQUESTS AND MEDICAL CERTIFICATIONS WILL BE KEPT IN A CONFIDENTIAL MEDICAL FILE SEPARATE FROM THE EMPLOYEE'S PERSONNEL FILE.

Employee Signature

Date

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Date Medical Certification Provided to Employee: _____