

## 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

