UTSA People Excellence

Accommodation Request Form

IMPORTANT: Please read the information below before completing this form.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by and individual or family member receiving assistive reproductive services.

Employee Information

Employee Name	Employee ID	
UTSA Email	Work Phone Number	
Personal Email	Personal Phone Number	

Supervisor Information

 Supervisor Name
 Work Phone Number

 UTSA Email

I, _____, am requesting that the University of Texas at San Antonio provide me with a reasonable accommodation pursuant to the Americans with Disabilities Act (1990), as amended (2008/ADAAA). I understand that I must be able to perform the essential functions of my job with or without accommodation.

Describe the medical condition for which you are requesting an accommodation:

Describe the major life activities that your condition impairs:

Explain how the medical condition affects your ability to perform your job:

This condition is:						
Temporary	Permanent	Expected to last until:				
Describe the reasonable accommodation(s) you believe are needed to enable you to perform the essential functions of this job:						
I authorize the release of information regarding my disability to management as deemed necessary to facilitate this request for accommodation.						
Employee Signature:		Date:				

Please submit this complete form by one of the following methods.					
Email: <u>ADA.Employees@utsa.edu</u> Fax: 210-458-4644 Replay Texas/STAF for hearing impaired: <u>http://relaytexas.com</u>	Inter-office Campus Mail: People Excellence Main Campus, NPB 451 Attn: ADA	USPS Mail: The University of Texas at San Antonio People Excellence Attn: ADA One UTSA Circle San Antonio, Texas 78249			

This form is the initial step in processing a request for reasonable accommodation under the University's process/procedure. An accommodation is a reasonable modification or adjustment to the work environment that enables a qualified person with a disability to perform the essential functions of a position, enjoy the same benefits and privileges of employment as enjoyed by non-disabled employees. To determine whether you are eligible for an accommodation under the ADA (1990), as amended (2008/ADAAA), the ADA Specialist may request that you provide documentation of your medical condition.

Having a medical condition alone is not enough to make you eligible for an accommodation under the ADAAA guidelines. Under the ADAAA, an individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. A substantial limitation is defined as an impairment that prevents the performance of a major activity that most people in the general population can perform.

The ADAAA requires that the University keep medical information confidential. However, the law allows certain individuals to be informed of your condition as needed. These persons can include your manager(s) or supervisor(s), human resource personnel, first aid and safety personnel, personnel investigating compliance with the ADAAA and other persons with a need to know. The law does not prohibit you from voluntarily discussing your condition or medical information about yourself.