



Employer Annual/Periodic Review of ADA Reasonable Accommodation

Pursuant to Regulation _____, Americans with Disability Act (ADA) for Employees, the Wharton County Junior College ADA Committee is reviewing your ADA *Employee Reasonable Accommodation Request*.

Date Original Request for Accommodation Approved: _____. Date of Periodic Review: _____

Name: _____ Social Security No: _____

Department: _____ Job Title: _____

After review of the documentation, the following has been determined:

- New/Additional medical/diagnostic documentation is **not** required to continue ADA accommodation.
- Additional Medical/Diagnostic documentation is required.

The ADA Committee is requesting the following documentation be submitted:

See attachment for additional request(s): Yes ____ No ____

Medical/Diagnostic documentation received (date): _____

ADA Committee Recommendation: Recommend Approval Do not Recommend Approval

Committee Signatures

Date Signed

_____	_____
_____	_____
_____	_____
_____	_____

Requested continuation of reasonable accommodation was denied for the following reason(s):

WCJC President Approves Disapproves *Employer Annual/Periodic Review of ADA Reasonable Accommodation*

WCJC President Signature

Date

President denied continued accommodation for the following reason(s):

I have read the presidential response to *Employer Annual/Periodic Review of ADA Reasonable Accommodation* and understand the terms of the accommodation or non-accommodation:

Employee Signature

Date

****Note: Do not put this form or medical documentation in the Human Resources files. These forms should be maintained in the Payroll and Benefits Office. ****

ADA Regulation _____