



**Wharton County Junior College**  
 911 Boling Highway • Wharton, Texas 77488 • (979) 532-4560

## Employee Reasonable Accommodation Request

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home No: (\_\_\_\_) \_\_\_\_\_ Work No (\_\_\_\_) \_\_\_\_\_  
 Department: \_\_\_\_\_ Work Location: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

**I am requesting the following reasonable accommodation:**

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**It is necessary for me to receive this accommodation for the following reasons:**

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**Attached Medical/Diagnostic Documentation:** Yes

Note: Documentation of the diagnosed disability (by an appropriately credentialed professional) is required for processing of an ADA request. ADA request form and documentation must be submitted together as one packet. Medical/Diagnostic documentation must include the following information: credentialed medical/diagnostic provider's statement including diagnosis, prognosis, work-related restrictions or limitations, and recommended accommodation. All records are confidential and will be kept separate from personnel files.

**I hereby consent to a Release of Medical/Diagnostic Information to Officially Designated College Representatives:**

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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. \*\***