



**Wharton County Junior College**

911 Boling Highway • Wharton, Texas 77488 • (979) 532-4560

**Employer Reasonable Accommodation Response**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Home No. (\_\_\_\_) \_\_\_\_\_ Work No: (\_\_\_\_) \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

**ADA Committee Recommendation:**  Recommend Approval  Do not Recommend Approval

Committee Signatures \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested accommodation was denied for the following reason(s):**

\_\_\_\_\_

\_\_\_\_\_

If recommendation was approved, ADA Committee recommends \_\_\_\_\_ month periodic review of reasonable accommodation.

Date of first review: \_\_\_\_\_

**WCJC President**  Approves  Disapproves **Employee Reasonable Accommodation Request**

\_\_\_\_\_

WCJC President Signature \_\_\_\_\_ Date \_\_\_\_\_

**President denied requested accommodation for the following reason(s):**

\_\_\_\_\_

\_\_\_\_\_

I have read the presidential response to my ADA Request for 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. \*\***