

**BAYLOR UNIVERSITY**

**Employee Accommodation Request Form – BU PP 415a  
Americans with Disabilities Act (ADA)**

The purpose of this form is to assist Baylor University in determining (1) whether an employee has a “qualified disability” as defined by the Americans with Disabilities Act (ADA), and if so, (2) to what extent a reasonable accommodation is required to perform one or more essential functions of his or her job.

Employee Name:		Date: / /
E-mail Address:		Baylor ID Number:
Address:		Phone:
City:	State:	Zip Code:
Job Title:		Department:
Chair/Supervisor:		
Dean/Department Head:		

Please describe the medical condition for which you are requesting an accommodation:
Please explain how the medical condition affects your ability to perform your job:
Please provide a description of the accommodation you are requesting:

I give Human Resources permission to explore possible coverage and reasonable accommodations under the ADA. All information obtained by Human Resources during this process will be maintained in a separate confidential file.

Employee Signature:	Date: / /
When form is complete, please either: Mail to Baylor University, Human Resources, One Bear Place #97053, Waco, TX 76798-7053; Fax to (254) 710-3819; or Email to <a href="mailto:askHR@baylor.edu">askHR@baylor.edu</a>	
If you have questions, please contact: (254) 710-2000 or <a href="mailto:askHR@baylor.edu">askHR@baylor.edu</a>	