Blinn College Staff or Faculty Member:

Blinn College provides reasonable accommodations for employees with sensory, mental or physical disabilities. A reasonable accommodation is an accommodation that enables the employee to perform the essential functions of their position, is medically necessary, and does not create an undue hardship.

Please complete this request form and return it to the Human Resources Office. **You are not required to disclose to your immediate supervisor the medical basis for a requested accommodation.** If more information is needed, the College may request that you ask your health care provider to confirm your disability and/or the need for the requested accommodation. **It is your responsibility to see that your health care provider returns the "Health Care Provider Statement" to the Human Resources Office.**

Medical records are confidential and are maintained in the Human Resource offices **not** in departmental files.

If you have questions regarding accommodation, please contact your Human Resource Consultant.

HUMAN RESOURCES OFFICES

Brenham HR Office	**Bryan HR Office**
979-830-4128 (phone) 979-830-4014 (fax) 226 Old Main Building	979-209-7546 (phone) 979-209-7559 (fax) HR Center

To request this form or other accommodation related materials in an alternate format, or to request an interpreter or other accommodation during the disability accommodation process, please contact the Human Resources Office at 979-830-4182.

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ACCOMMODATION REQUEST FOR DISABILITY OR SERIOUS MEDICAL CONDITION

EMPLOYEE: To request accommodation, please **print**, **complete** and **sign** this form. **Do not include diagnosis or medical reason**. Please **make a copy** of the form for your records. Return the completed form to the **Human Resources Office, 902 College Avenue, Brenham, TX 77833 or FAX: 979-830-4014.**

Section I-EMPLOYEE INFORMATION				
Last Name:	First Name	Middle	Email:	Employee ID #:
Department:	Campus:	Room Number:	Job Title:	Phone:
Immediate Supervisor:	Supervisor's Email:		Supervisor's Phone:	

Section II- REQUEST INFORMATION

Contact the Human Resources Office at 979-830-4128 if you have questions about any of the accommodations listed below.

____ **Assistive equipment.** Please describe equipment you are requesting that the College provide:

____ **Facilities modification (e.g., doors widened, ramps installed)** Please describe:

____ **Interpreter (Sign Language), reader, or real time captioning**

____ **Classroom Reassignment.** Please describe (include current and desired assignment):

____ **Disabiltiy Parking or Transportation**

____ Disability parking permit. If you have TX State disability parking tags, indicate tag number. _____ and expiration date _____

_____ Alternate transportation

Duration requested (check one): ____ short term (6-8wks) ____ Long term

If change is significant or if you have questions contact the HR Department.

____ **Leave of absence or intermittent leave use:** Please complete a leave form

Duration requested: / / until / /

____ **Reduction in work schedule:** Please describe

Duration requested: / / until / /

____ **Modification of job duties:** Please describe

Duration requested: / / until / /

____ **Other change in work schedule.** Please describe:

____ **Other accommodation.** Please describe:

____ **If this request is due to an on-the-job injury or illness, please complete the following:**

Date of injury or onset of illness: / /

Have you filed a claim with the Department of Labor? ____Yes ____NO

*If no, contact you healthcare provider to initiate workers' compensation claim.

Please describe how the accommodation(s) requested above will allow you to perform the essential functions of your position (attach a separate sheet if necessary)

Employee Signature: _____ **Date:**_____ **Home Phone:**_____