

**Texas Tech University Health Sciences Center  
Office of Graduate Medical Education**

**CONFIDENTIAL**

All information shared with TTUHSC GME through the ADA/ADAAA evaluation and/or reasonable accommodation process will be maintained separate from personnel files and in accordance with all ADA requirements.

**REASONABLE ACCOMMODATION REQUEST**

Residents and fellows participating in TTUHSC programs who are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and ADAAA of 2008 (ADAAA) are encouraged to complete this form in its entirety.

If you are unable to complete this form on your own, someone else may complete the form on your behalf. Completed forms are to be returned to your campus GME Office with a copy to your program.

**To be completed by Resident / Fellow:**

Name	Date of Request
R #	Program
TTUHSC Email	PGY
Phone #	Program Director
	Program Director Email

- 1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis.**
- 2. Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position according to your job description. If you are a new employee, state the anticipated difficulties you foresee in completing your job duties. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing. Please attach a copy of your job description.**
- 3. List the accommodation(s) you are requesting in order to perform your essential job functions.**
- 4. Add any comments you believe may be helpful in our consideration of your request.**

## Reasonable Accommodation Request - Page 2

I have enclosed the applicable medical documents with this request.

The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain.

**NOTE:** TTUHSC reserves the right to request documentation if the evaluator believes more information is needed to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

**Resident / Fellow**

**Date**

**Assistant Dean for GME**

**Date**

**Instructions:** Forward this request and any accompanying documents to the DIO of your respective GME office.

### *For GME Use Only*

\_\_\_\_\_ According to the ADAAA of 2008, the "rules of construction" have been considered during  
the reasonable accommodation request process.

Initial

Reasonable accommodation request approved. Description of reasonable accommodation to be implemented:

Reasonable accommodation request denied. Reason:

Decision letter sent to requestor on: \_\_\_\_\_ (date) via email and certified mail.

\_\_\_\_\_  
**GME Designee**

\_\_\_\_\_  
**Date Request Completed**