Midwestern State University
Human Resources Department
Hardin 210
3410 Taft Blvd
Wichita Falls, TX 76308
(940) 397-4787
Fax: (940) 397-4780
Dawn.fisher@msutexas.edu

For HR office use only:

Date received: _____ staff _____

Fax Email Mail Drop off

MSU Employee
Request for Accommodation and Documentation Review

Please note that your request for services will not be reviewed until a completed request form and documentation are received. Information provided is confidential. Documentation and evaluation information will not be released without the signed consent of the employee or under compulsion of legal process. The director or designee will verify that your documentation is on file and will discuss your accommodations with only those staff with a need to know.

Today's Date:	M#	Birth date:	Faculty Staff
Name _____ First Middle Last (Maiden) Preferred			
Cell phone:	Home phone:	Work phone:	
Email: ☐ I check my email regularly ☐ I do not check my email regularly			
What is the best way to contact you? ☐Email ☐cell phone ☐home phone ☐work phone ☐other: _____			
Ethnicity (collected for statistical purposes): ☐Caucasian ☐Latino/Latina ☐Asian American ☐African American ☐Native American ☐multi-ethnic/racial ☐other _____			
Address:			
City:	State:	Zip:	
Emergency contact (name):		Relationship:	Phone:
Address:			
City:	State:	Zip:	Email:
Supervisor:		Dept:	

Please identify your disability (if a medical diagnosis of your disability is available, please use medical terms(s) that apply to your disability. Attach any medical documentation of your disability you would want considered as part of this request):

Please specifically describe the way or ways your disability restricts or limits your ability to perform your job functions:
What specific job accommodations are you requesting of Midwestern State University to accommodate the disabilities you have described above?
Please list your Health Care Provider(s):

Employee Signature: _____ Date: _____

Midwestern State University
Human Resources Department
Hardin 210
3410 Taft Blvd
Wichita Falls, TX 76308
(940) 397-4787
Fax: (940) 397-4780
Dawn.fisher@msutexas.edu

For HR office use only:

Date received: _____staff _____

Fax Email Mail Drop off

Documentation of Disability

Name: M#:

Supervisor: Dept:

I hereby authorize the health care provider(s) referenced on these forms, or any other health care provider who has signed any report relating to this request, or any other health care provider, to release to the Human Resources Department at Midwestern State University past and future medical information concerning the disability disclosed herein and to provide opinions for the purpose of determining my ability to perform job-related functions, with or without reasonable accommodation. I further authorize the MSU Human Resources Dept. to seek clarification of this documentation if necessary by contacting my attending physician. Medical records are confidential and are maintained by the Human Resources Dept, **not** in department files.

Employee Signature: Date:

Physician/Provider's Name and Address:

(The rest of this form is to be completed by provider. If needed please attach copies of records or more information.)

Please identify the employee's physical or mental impairment. Please describe the duration of this impairment (that is, long term, permanent, recent, short-term, etc.)

Treatment history: date of onset, medications, prognosis.

Please describe the activities that are impacted by the condition identified above.
In reviewing the employee's job duties, please describe the job functions that can't be performed by the employee:
For all of the job functions which require accommodation, indicate possible accommodation(s) and duration which might adequately enable the employee to perform his/her job functions:
Signature of Health Care Provider: Date:
Print name of Health Care Provider: Address: Telephone: