



**EMPLOYEE REQUEST FOR ACCOMMODATION**

**Please complete this form and return** to Mansfield Independent School District, Human Resource Services, Dr. Jennifer Stoecker, 605 East Broad Street, Mansfield, Texas 76063.

Employee Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Position Title \_\_\_\_\_

Campus/Office \_\_\_\_\_

**Identify your impairment(s) and indicate how you believe each impairment affects your ability to perform your job duties:**

**State the accommodation(s) you believe are necessary to enable you to perform the essential functions of your job:**

**Provide the name, address, telephone, and fax numbers of the health care provider who will support your need for an accommodation, if requested. We may contact the health care provider to obtain information about your impairment and recommendations for accommodations.**

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date of Request