



**PHYSICIAN REQUEST FOR ACCOMMODATION**

**Please complete this form and return** to Dr. Jennifer Stoecker, Executive Director, HR, 605 East Broad Street, Mansfield, Texas 76063 or you may fax the form to (817) 473-5488 or e-mail it to [jenniferstoecker@misdmail.org](mailto:jenniferstoecker@misdmail.org).

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

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

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

**Identify the employee's impairment(s) and indicate how the impairment affects his/her ability to perform his/her current job duties.**

**State the accommodation(s) necessary to enable the employee to perform the essential functions of his/her job, as stated on the attached job description.**

**Name:**

**Address:**

**Contact Number:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_