



Splendor Independent School District

23419 FM 2090, Splendor, Texas 77372
281-689-3128 • Fax 281-689-7509

PHYSICIAN REQUEST FOR ACCOMMODATION

Please complete this form and return to Brandon Campbell, Benefits & Leave Specialist, HR, 23419 FM 2090, Splendor, TX 77372 or you may fax the form to 281-689-7509 or e-mail it to Bcampbell@splendoraisd.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:** _____