



310 E. 18th Street
Joshua, TX 76058
Phone: 817-202-2500 or 817-426-7500
Fax: 817-641-2738 or 817-645-8110

EMPLOYEE REQUEST FOR ACCOMMODATION

Please complete this form and return to Debra Brakel, Associate Director of Human Resources.
310 E. 18th Street Joshua, TX 76058 or e-mail it to brakeld@joshuaisd.org

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:

Please attach a medical certification provided by your health care provider. We may contact the health care provider to obtain information about your impairment and recommendations for accommodations. If so, we will request you to complete the "Medical Release Form"

Signature of Requestor

Date of Request