



FACULTY & STAFF ACCESSIBILITY CONCERN FORM

Please complete this form to request an accommodation to perform the essential functions of your position per Louisiana Tech University Policy 1433 – Americans with Disabilities Policy.

EMPLOYEE NAME: _____ JOB TITLE: _____

TODAY'S DATE: _____ PHONE: _____

TECH E-MAIL: _____

BEGINNING DATE ACCOMMODATION IS REQUESTED: _____

DESCRIBE THE SITUATION AND THE NATURE OF THE ACCOMMODATION YOU ARE REQUESTING. You may attach other pages as needed to describe the problem clearly and completely.

PLEASE ATTACH YOUR DOCUMENTATION FROM A LICENSED PROFESSIONAL TO SUPPORT YOUR REQUEST FOR AN ACCOMMODATION. Only the University Department of Human Resources will retain medical documentation, which will be kept in a separate confidential file and will share medical information on a need-to-know basis.

Important: If you do not receive a reply from Human Resources within 48 hours from the time you submitted this form to our office, please contact Sheila Trammel at 318-257-2235.