

Texas Workforce Commission Electronic and Information Resource Accessibility Exception Request

<i>For Accessibility Coordinator's Use</i>	Date Received:	Log ID:
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1. Exception Requestor Information

Requestor Name:		Job Title:	
Requestor E-mail:		Phone Number:	
Office Address:	City:	State: TX	ZIP Code:
Department or Office, and Division:	Cost Center:	Supervisor Name:	

2. Description of Inaccessible Electronic and Information Resource (EIR)

EIR Type: <input type="checkbox"/> Web page <input type="checkbox"/> Electronic document (PDF, MS Word, PowerPoint, etc.) <input type="checkbox"/> Electronic form	<input type="checkbox"/> Software application <input type="checkbox"/> Multimedia, audio, or video content <input type="checkbox"/> Telecommunication product or system <input type="checkbox"/> Information technology hardware or office equipment <input type="checkbox"/> Other, specify:
EIR Item Name: [full product name]	
EIR Description (if applicable, include web address, or hardware or office equipment location):	
The EIR is (enter X for all that apply): <input type="checkbox"/> Mission critical for service delivery <input type="checkbox"/> Required to perform an essential job function	<input type="checkbox"/> Used in staff development or training <input type="checkbox"/> Other, please describe:
Is the EIR: <input type="checkbox"/> Under development? <input type="checkbox"/> Under revision? <input type="checkbox"/> Proposed purchase? <input type="checkbox"/> Completed or acquired? Completion/acquisition Date:	

3. Accessibility Request Background

Has anyone requested that the resource be made accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip to Section 4.)	
Date of Request:	Source of Request:
Description of Request and Status:	

4. Justification for Exception

- (a) Define the accessibility issue.
- (b) Identify the impact of the inaccessibility on users and types of users.
- (c) Describe the significant difficulty and/or expense in achieving accessibility compliance.
- (d) Specify the requested duration of an exception and duration rationale.

5. Alternate Access

- (a) Describe the proposed plan for alternate means of access to be provided while the EIR is inaccessible.
- (b) Estimate the time and expense required to implement and maintain the alternate access.

6. IT Division/Business Operations Review and Comments

- Recommends** approval of exception request.
 Does not recommend approval of exception request.

Comments:

IT Division or Business Operations Reviewer Name:

Date:

7. Exception Requestor's Division Director Review and Comments

- Recommends** approval of exception request.
 Does not recommend approval of exception request.

Comments:

Division Director Name:

Date:

8. EIR Accessibility Coordinator Review and Comments

- Recommends** approval of exception request.
 Does not recommend approval of exception request.

Comments:

EIR Accessibility Coordinator Name:

Date:

9. Executive Director Review

- Approved**, exception expires on _____ .
 Denied.

Comments:

Executive Director Signature:

Date: