

Temporary Medical Parking Decals:

TI Employee Request

Temporary medical parking decals are available to TI employees with medical conditions that cause a substantial impairment in the employees' ability to walk. In alignment with the Department of Motor Vehicles, substantial impairment means that an employee:

- Is severely limited in their ability to walk because of an arthritic, neurological, or orthopedic condition and cannot walk without the use of, or assistance from, an assistive device such as a brace, cane, crutch, or must use a wheelchair,
- Is restricted by severe lung disease and/or must use portable oxygen,
- Has a cardiac condition which severely limits their ability for physical activity, or
- Has another debilitating condition that, in the opinion of a licensed health care provider, limits or impairs the employee's ability to walk.

In all cases, employees requesting a temporary medical parking decal must provide written objective medical information from their healthcare provider that explains, in detail, the medical reason(s) the employee has a substantial impairment in their ability to walk or perform physical activity as defined above. All requests for temporary medical parking decals will be evaluated by the TI Occupational Health Nurse Consultant (OHNC) assigned to the employees building. The OHNC will assess the medical documentation to determine if the employee meets the criteria for substantial impairment and make a determination on the necessity for a temporary medical parking decal.

If the employees' request for a temporary medical parking decal is approved, the OHNC will email the completed temporary medical parking request (without medical documentation) to the Dallas Badge Room or to the applicable local Site Security Team to issue the decal to the employee. Temporary medical parking decals will be issued to the employee by the Dallas Badge Room or local Site Security Team within 24-48 hours of the receipt of the approved request form.

Note: a temporary medical parking decal will be issued one time only, for a maximum duration of 6 weeks, for each separate, documented episode of substantial impairment as defined above. Employees needing parking accommodations for longer than 6 weeks, due to long term or permanent medical conditions, will need to obtain a disabled parking placard from their local Department of Motor Vehicles.

Temporary Medical Parking Decal request process:

1. A TI employee requesting a temporary medical parking decal must complete the TI Employee section of the “Temporary Medical Parking Request” below.

2. Submit the completed request form, and written objective medical information from their healthcare provider, as outlined on page 1, to the OHNC assigned to their respective building. These forms can be submitted by email to the individual OHNC or sent by TI internal mail to Occupational Health, M/S 3905. Follow the link below and click on the pdf file, “At a Glance OHNC Building Contacts” for a list of the OHNC’s and their building assignments:

https://infolink.ti.com/HR/docs/health/occupation/content_pages/findohnc.htm

3. Within 48 hours of receipt of the completed request form and the required medical documentation, the OHNC will assess the medical documentation to determine if the employee meets the criteria for substantial impairment and make a determination on the necessity for a temporary medical parking decal. The OHNC will email the employee with the determination decision.

4. If the employees’ request for a temporary medical parking decal is approved, the OHNC will email the completed temporary medical parking request (without any medical information) to the Dallas Badge Room or to the applicable local Site Security Team to issue the decal to the employee.

5. The Dallas Badge Room or the applicable local Site Security Team will process approved requests within 24-48 hours and send the temporary medical parking decal to the employee at the requested Lobby location listed on the request form.

Temporary Medical Parking Request

TI Employee	
Date	
Name	
AID	
Lobby	
Phone	
Email	
Supervisor Name	
OHNC	
OHNC Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
OHNC Name	
OHNC Signature	
Comments:	
Issue Date:	
Expiration Date:	