

Workplace Accommodation Request Form

For Academic Staff Members, Postdoctoral Scholar and Graduate Student Staff Member

This form consists of three (3) sections:

- x Part A to be completed by the Academic Staff Member, Postdoctoral Scholar, or Graduate Student Staff Member
- x Part B to be completed by Staff Wellness or another party that can provide clarification on the restrictions or limitations and
- x Part C to be completed by the Dean or Equivalent.

If you require assistance completing this form, please contact the HR Services representative assigned to your faculty or department

Please submit Part A to initiate your request for Accommodation.

PART A Workplace Accommodation Request

(To be completed by the Academic Staff Member, Postdoctoral Scholar, or Graduate Student Staff Member)

Accommodation Applicant Contact Information

Last Name	
First Name	
UCID	
Position/Title	
Faculty/Department	
Phone	
Email	

Which protected ground(s) forms the basis of this Accommodation request?

- race;
- religious beliefs;
- colour;
- gender;
- gender identity;
- gender expression;

*If your request is based on a disability, please ensure that you have provided Staff Wellness with medical documentation

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What are the job duties or requirements that you are unable to perform/meet without the requested Workplace Accommodation?

What is the specific modification/Accommodation that you are requesting?

How is the requested Accommodation going to assist you to perform or meet the identified job duties or requirements?

What is the expected duration of the requested Workplace Accommodation?

Applicant Signature		Date	
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Please submit completed form to your Dean, Department Head, Staff Wellness or HR Services

Part A (Academic Staff Member, Postdoctoral Scholar and Graduate Student Staff Member Section)
Please submit completed form to your Dean, Department Head, Staff Wellness or HR Services

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Dean or Equivalent Contact Information

Last Name	
First Name	
Position/Title	
Faculty/Department	
Phone	
Email	

Part C (Dean or Equivalent Section)
Please submit completed form to HR Services

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Accommodation Type	Details of the Accommodation	Duration/ Date	Review/Outcome	Sign-Off
Within same unit, work group or area (i.e. bundling tasks with another position; placing into a vacancy)				Dean or Equivalent Sign-Off
Within home faculty or department				Dean or Equivalent Sign-Off

If an Accommodation is not possible in the home faculty/department, a request may be made to freeze vacant positions across the University for which the applicant may be qualified.

Request for Cross-Faculty/Department Accommodation Please only sign below when all Accommodation efforts within the home faculty/department have been exhausted			
Dean or Equivalent Signature		Date	

Please submit completed form to HR Services

For HR Use Only
Please document cross-faculty/department Accommodation Efforts

Part C (Dean or Equivalent Section)
Please submit completed form to HR Services