# WorkplaceAccommodation Reques**F**orm

ForAUPE1.TT1.three (3) sections:

- <u>Part A</u> to be completed by the AUPE or MaPS Employee
- <u>Part</u> Bto be completed by Staff Wellnesstberaperty that peovide clarification on the restrictions or limitations; and
- Part Cto be completed by the Senior Leadership Team (SLT) Member.

If you require assistance completing this form, please contact the

#### Accommodation Applicant Contact Information

Last Name	
First Name	
UCID	
Position/Title	
FacultyØepartmen	
Phone	
Email	

Which protected ground(s)\*

### WorkplaceAccommodation RequesForm ForAUPE ofMaPSEmployee

Part AAUPE or MaPS Employee Section) Please submit completed foryroutroManager, Staff Wellnes



# WorkplaceAccommodation

### Reques Form

For AUPE dr/laPS Employee

If you require assistance completing this form, please **<u>confact</u>** it <u>represent</u> assigned to your faculty or department

## PART CInternal Accommodation forts (To be completed by She Member

#### SLT MembeContact Information

Last Name	
First Name	
Position/Title	
FacultyØepartment	
Phone	
Email	

#### Accommodation Applicant Identification

Name	
UCID	

How essential the job duties or requirements, which the Employee is unable to petform the position (i.e. consider whether they are Bona Fide Occupational Requirements)

#### Details of Internal Accommodation Efforts

Accommodation Type	Details of the Accommodation	Duration/ Date	Review/Outcome	SignOff
Within Home Position (i.e. modified duties, hoursetc.)				Manager Sign-Off



### Workplace Accommodation

### Reques **F**orm

For AUPE dr/laPS Employee

Accommodation Type	Details of the Accommodation	Duration/ Date	Review/Outcome	SignOff
Withinsame unit,work group orarea (i.e. bundling tasks with another positic placing into a vacand	n;			Director Sign-Off
Withinhome facultyor department				SLT SigiOff

If an Accommodation is not possible within the hor/merfactive for the request may be made to freeze vacant positions across the university for which the applicant may be qualified.

Request for CresscultyDepartmenAccommodation Please only sign below when all Accommodation efforts within the home faddepartment have been exhausted			
SLTSignature		Date	

#### Please submit completfedm to HR Services

For HR Use Only		
Please documentoss aculty Department accommodation Efforts		