

**University of Houston-Downtown
Request for Workplace Accommodation Form**

Employee Requesting Accommodation: _____ **Date:** _____

EmpID: _____ **Job Title:** _____ **Phone:** _____

Direct Supervisor: _____ **Department:** _____

Medical Religious (Please check one)

Type of Accommodation Requested

- | | | |
|---|---|--|
| <input type="checkbox"/> schedule change | <input type="checkbox"/> work site modification | <input type="checkbox"/> modification of duties |
| <input type="checkbox"/> special equipment needed | <input type="checkbox"/> job restructuring | <input type="checkbox"/> modification of equipment |
| <input type="checkbox"/> other _____ | | |

1. Describe your disability/condition, including the expected duration of the impairment and whether it will change with time.

2. Describe the job function(s) you are having difficulty performing and/or the employment benefits you are having difficulty accessing:

3. How is your condition impacting your ability to complete the duties listed in #2 above?

4. Describe the specific accommodation(s) you are requesting and how these will help you perform your job duties:

5. Additional comments:

Please refer to 02.E.09 System Administrative Memorandum (S.A.M.) for [Reasonable Workplace Accommodations for Employees with Disabilities](#). Upon request, additional copies of the policy can be furnished.

Medical documentation to support accommodation request attached: Yes No N/A

I understand that the Office of Human Resources ("HR") will contact and exchange information with my supervisor, my licensed health care practitioner, and/or any other individual HR deems appropriate to determine my ability to perform my essential job functions, to work in the job environment, to work a particular job schedule, and to determine possible accommodations.

Employee Signature _____ Date _____

FINAL APPROVAL IS SUBJECT TO INSTITUTIONAL REVIEW

Original: HR Benefits Office
 One Main Street, Suite S910, Houston, TX 77002
 713-221-8060

Copy: Employee Supervisor