Workplace Accommodation Request Form

Employee: To request accommodation, please print, complete, and sign this form. Do not include diagnosis or medical reason. Please make a copy of the form for your records. Return the completed form to employee-accommodations@umgc.edu.

An employee who seeks an accommodation has the responsibility to make the request and provide appropriate documentation and adequate information for the need of an accommodation. Completion of this form is voluntary; however, failure to provide information may result in a denial of your request.

Section I - Employee Information

Employee Name: **Email**

Employee ID Number: **Department or College Unit:**

Position Title: **Phone:**

Supervisor Name:

Supervisor's Email: **Supervisor Phone:**

Section II – Request Information

Are you currently approved for FMLA?
What specific accommodation(s) are you requesting?
☐ **Assistive equipment (e.g., JAWs, Dragon, Zoomtext, etc.)**: Please describe the equipment you are requesting that the University provide:
☐ **Facilities modification (e.g., doors widened, ramps installed):**
☐ **Office Equipment (adjustable monitor stand, ergonomic chair, etc):**

☐ **Accessing an employer sponsored event, benefit or privilege of employment** (i.e. a training program or employer sponsored social event):

☐ **Leave of absence or intermittent leave use:** Please describe and include duration requested:

☐ **Classroom Reassignment:** Please describe (include current and desired assignment):

☐ **Reduction in work schedule:** Please describe and include duration requested:

☐ **Modification of job duties:** Please describe and include duration requested:

☐ **Other change in work schedule:** Please describe and include duration requested:

☐ **Other accommodation:** Please describe:

Please describe how the accommodation(s) requested above will allow you to perform the essential functions of your position (attach separate sheet if necessary):

Employee Signature: _____   Date: _____