



Workplace Accommodation Request Form

For AUPE or MaPS Employee

This form consists of three (3) sections:

- **Part A:** to be completed by the AUPE or MaPS Employee
- **Part B:** to be completed by Staff Wellness or another party that can provide clarification on the restrictions or limitations; and
- **Part C:** to be completed by the Senior Leadership Team (SLT) Member.

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 AUPE or MaPS Employee)

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?

- | | |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> race; | <input type="checkbox"/> age; |
| <input type="checkbox"/> religious beliefs; | <input type="checkbox"/> ancestry; |
| <input type="checkbox"/> colour; | <input type="checkbox"/> place of origin; |
| <input type="checkbox"/> gender; | <input type="checkbox"/> marital status; |
| <input type="checkbox"/> gender identity; | <input type="checkbox"/> source of income; |
| <input type="checkbox"/> gender expression; | <input type="checkbox"/> family status; and |
| <input type="checkbox"/> physical disability; | <input type="checkbox"/> sexual orientation. |
| <input type="checkbox"/> mental disability; | |

**If your request is based on a disability, please ensure that you have provided Staff Wellness with medical documentation identifying your restrictions/limitations. For other protected grounds, please provide a contact that can clarify your restrictions or limitations.*

Part A (AUPE or MaPS Employee Section)

Please submit completed form to your Manager, Staff Wellness, or [HR Services](#).



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

Employee Signature		Date	
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Please submit completed form to your Manager, Staff Wellness or [HR Services](#)

Part A (AUPE or MaPS Employee Section)

Please submit completed form to your Manager, Staff Wellness, or [HR Services](#).



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PART B: Restrictions or Limitations

(To be completed by Staff Wellness for Accommodations based on disabilities, or another party for Accommodations based on other protected grounds)

Staff Wellness Advisor (or other for non-medical Accommodation requests) Contact Information

Last Name	
First Name	
Phone	

Accommodation Applicant Identification

Name	
UCID	

Restrictions/Limitations	Permanent or Temporary	End Date (If applicable)

Signature		Date	
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Please submit completed form to [HR Services](#)

Part B (Staff Wellness or Other Section)
Please submit completed form to [HR Services](#).



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If you require assistance completing this form, please contact the [HR Services representative](#) assigned to your faculty or department.

PART C: Internal Accommodation Efforts (To be completed by the SLT Member)

SLT Member Contact Information

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

Accommodation Applicant Identification

Name	
UCID	

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

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Details of Internal Accommodation Efforts

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

Part C (SLT Member 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)				Director Sign-Off
Within home faculty or department				SLT Sign-Off

If an Accommodation is not possible within 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			
<i>Please only sign below when all Accommodation efforts within the home faculty/department have been exhausted</i>			
SLT Signature		Date	

Please submit completed form to [HR Services](#)

For HR Use Only
Please document cross-Faculty/Department Accommodation Efforts

Part C (SLT Member Section)

Please submit completed form to [HR Services](#).