

University of Houston System Request for Workplace Accommodation Form

Employee Requesting Accommodation:

Date:

PeopleSoft ID:

Phone:

Job Title:

Department:

Direct Supervisor:

Supv. Title:

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

I understand that the Office of Equal Employment Opportunity Services ("EOS") will contact and exchange information with my supervisor, my licensed health care practitioner, and/or any other individual EOS deems appropriate as necessary 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: Equal Opportunity Services
4367 Cougar Village Drive, Bldg. 526
Houston, Texas 77204 -3020
713-743-8835**

Copy: Employee's Supervisor