

To University Academic Employee or Resident/Fellow:

(faculty, librarians, fellows, residents, graduate student service appointees, student hourly employees and other academic personnel)

The University of Washington provides reasonable accommodation for academic personnel with a disability or serious medical condition. Reasonable accommodation may include a leave of absence or modification to a position, work environment, policy or procedure to enable a qualified individual with a disability to enjoy equal employment/appointment opportunity and/or to perform the essential functions of the position.

Please complete this form and return it to the head of your department or division. **You are not required to disclose to your immediate supervisor the medical basis for a requested accommodation.** If more information is needed, the University may request that you ask your health care provider to verify your disability and/or the need for the requested accommodation. **It is your responsibility to see that your health care provider returns the required information to the office requesting it.** A medical examination may be required.

If you are **only** requesting an ergonomic workstation evaluation, you do not need to complete this form. Please contact Environmental Health & Safety at 206-543-7388 or visit their website at www.ehs.washington.edu to learn more about ergonomic resources.

If more specific information is needed to respond to your request, a Job/Position Analysis may be prepared. A completed copy of the Job/Position Analysis will be shared with you and your health care provider.

Medical records are treated confidentially and are maintained separately from personnel/academic files.

If you have questions regarding accommodation, please contact the Disability Services Office. Also see the "Disability Accommodation Request Process for Employees and Appointees" on the University website at:

www.washington.edu/admin/prof/pol/pro/accommodation/accom.request.instr.html

or request a copy from the Disability Services Office at the phone number below.

CONTACTS	
General information:	Disability Services Office Box 354560 206-543-6450 (v) 206-543-6452 (tty) 206-685-7264 (fax)
Librarians:	Deputy Director of Libraries Box 352900 206-685-1978 (v) 206-685-8727 (fax)
Residents and Fellows in School of Medicine:	Dean's Office School of Medicine Box 356340 206-543-1515 (v)
Faculty, graduate students and all other academic employees:	Academic Personnel Office Box 351270 206-543-5630 (v)

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To request these materials in an alternate format, or to request an interpreter or other accommodation during the disability accommodation process, please contact the Disability Services Office, 206-543-6450 (voice), 206-543-6452 (tty), or dso@u.washington.edu (email).



UNIVERSITY OF WASHINGTON

ACCOMMODATION REQUEST FOR DISABILITY OR SERIOUS MEDICAL CONDITION FOR ACADEMIC PERSONNEL (faculty, librarians, fellows, residents, graduate student service appointees, student hourly employees and other academic personnel.)

DISABILITY SERVICES OFFICE

REQUESTER'S DEPARTMENT USE ONLY

Table with columns for Mo., Day, Yr. and rows for Form received by department, Copy sent to Academic Personnel, Copy sent to Disability Services Office.

Notice to Employee: To ask for accommodation, please complete this form, print and sign the original, then return it to your supervisor or unit manager. If you have any questions about disability accommodations, please contact your Human Resource Consultant.

Notice to Department: No signature required. Please route as follows: WHITE-Department, CANARY-Human Resources, GREEN-Disability Services Office, Box 354580, PINK-Employee.

Form fields for Name (Last, First, M.I.), Email, Office Location/ Building, ID Number, Department, Position, Phone, Box Number, Name of Immediate Supervisor, Supervisor's Email, Supervisor's Phone, Box Number.

I request the following accommodation due to disability or serious medical condition: REQUESTER'S DEPT. INSTRUCTIONS

Leave of absence or intermittent leave use from Mo. Day Yr. until Mo. Day Yr. Please describe leave request: Please complete a copy of departmental leave form.

Reduction in schedule from Mo. Day Yr. until Mo. Day Yr. Please describe: (do not include diagnosis or medical reason)

Other change in schedule. Please describe: If change is significant, contact: Faculty: Dean's Office Librarians: Deputy Director Residents and fellows in School of Medicine: Dean's Office All others: Disability Services Office

Modification of duties until Mo. Day Yr. Please describe: If change is significant, contact: Faculty: Dean's Office Librarians: Deputy Director Residents and fellows in School of Medicine: Dean's Office All others: Disability Services Office

Assistive equipment. If known, please describe equipment needed: Librarians: contact Deputy Director Residents and fellows in School of Medicine: contact Dean's Office All others: Send green copy of this request to Disability Services Office, Box 354560, 206-543-6450 (v), 206-543-6452 (tty).

Facilities modification (e.g., doors widened, ramps installed). Please describe: Interpreter or reader. Other accommodation.

Classroom reassignment. Please describe (include current and desired classroom assignment) Refer this request to Disability Services Office, Box 354560, 206-543-6450 (v), 206-543-6452 (tty)

Disability Parking or Transportation. Duration requested: (Check one) Short term (6-8 weeks) Long term

If this request is due to an on-the-job injury or illness, please complete the following: Date of injury or onset of illness: Have you filed a claim with the Department of Labor & Industries? Yes No* *If no, contact your health care provider to initiate workers' compensation claim. Send photocopy of this request to Workers' Compensation Program Box 351276 and Librarians: contact Deputy Director Residents and fellows in School of Medicine: contact Dean's Office

Requester's Signature Date Home Phone

Personal Email Address Home Address