



Staff/Faculty Request for Accommodation Related to a Medical Condition or Disability

To request an accommodation for a medical condition or disability, please complete the following form and submit it to the Benefits team in Human Resources at benefits@pugetsound.edu.

Attach supporting documentation, such as a doctor's note, that may be helpful in evaluating the request for accommodation. Medical documentation should include the specific nature of the medical condition or disability, the specific accommodation(s) being requested, and the specific timeframe of the accommodation(s).

For more information about workplace accommodations at Puget Sound, please see the Staff and Faculty Accommodation FAQs page on the Benefits website:

<https://www.pugetsound.edu/staff-faculty-accommodation-faqs>

EMPLOYEE INFORMATION

<u>First Name:</u>		<u>Last Name</u>	
<u>Job Title:</u>	<u>Faculty/Staff:</u> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	<u>Department:</u>	<u>Supervisor's Name:</u>

REQUEST INFORMATION

<input type="checkbox"/> Assistive Equipment. Please describe:
<input type="checkbox"/> Facilities Modifications. Please describe:
<input type="checkbox"/> Change in Work Schedule. Please describe: Duration requested (start date - end date):
<input type="checkbox"/> Other Accommodation. Please describe:
<input type="checkbox"/> If this request is due to an on-the-job injury, please complete the following: Date of injury or onset of illness: Have you filed a claim with the Department of Labor & Industries? <input type="checkbox"/> Yes <input type="checkbox"/> No* <i>*If no, please contact Human Resources and Benefits to initiate a claim</i>
<input type="checkbox"/> Please describe how the accommodation(s) requested above will support you in performing the essential functions of your position (attach separate sheet if necessary):

Health information provided in this request will not be shared with anyone, including supervisors, outside Human Resources without the written consent of the faculty or staff member requesting the accommodation.

I authorize the release of information regarding my medical condition or disability as deemed necessary by Human Resources to facilitate this request for accommodation.

EMPLOYEE SIGNATURE: _____

DATE: _____