



ACCOMMODATION REQUEST FOR DISABILITY OR SERIOUS MEDICAL CONDITION FOR STAFF EMPLOYEES

(professional, classified non-union and contract-classified staff, temporary staff [monthly or hourly paid], hourly paid student employees, and all other non-academic employees)

To University Staff Employees:

In accordance with applicable state and federal laws, the University of Washington provides reasonable accommodation for employees with a sensory, mental or physical disability. “Reasonable accommodation” may include, for example, a leave of absence, adjustment in job duties, and/or modification of work schedule. However, it should be emphasized that the University of Washington is not required to accommodate an employee unless the request is for an accommodation that is reasonable, medically necessary, and does not create an undue hardship.

Please complete this request form and return it to the Disability Services Office. **You are not required to disclose to your immediate supervisor the medical basis for a requested accommodation.** It is your responsibility to see that your health care provider returns the “Health Care Provider Statement” (UoW 1207) to the Disability Services Office listed below. A medical examination may be required.

If you **only** have concerns regarding the physical configuration of your workstation or worksite, you do not need to complete this form. Please contact Environmental Health & Safety at 206-543-7262 or visit their website at www.ehs.washington.edu/ohsergo to learn more about ergonomic resources.

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

Medical records are confidential and are maintained in the Human Resources Operations office and/or the Disability Services Office, **not** in departmental files.

If you have questions regarding accommodation, please contact your Human Resource Consultant. A list of the Human Resource offices is provided below. In addition, see the “Disability Accommodation Request Process for Employees and Appointees” on the University website at:

www.washington.edu/admin/hr/pol.proc/accommodation/accom.request.instr

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

HUMAN RESOURCES OPERATIONS OFFICES					
www.washington.edu/admin/hr					
HEALTH SCIENCES	MEDICAL CENTERS		UPPER CAMPUS OPERATIONS		
206-543-9406 (v) 206-685-2845 (fax) BOX 357250	HMC	206-744-9220 (v) 206-731-8664 (tty) 206-744-9955 (fax) BOX 359715	UWMC	206-548-6116 (v) 206-548-4610 (fax) BOX 356054	206-543-2354 (v) 206-616-6467 (tty) 206-685-0636 (fax) BOX 354561
DISABILITY SERVICES OFFICE					
206-543-6450 (v) 206-543-6452 (tty) 206-685-7264 (fax) BOX 354560					

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 – DISABILITY SERVICES OFFICE
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 OR SERIOUS MEDICAL CONDITION FOR STAFF
 EMPLOYEES**

(professional, classified non-union and contract-classified staff, temporary staff [monthly or hourly paid], hourly paid student employees, and all other non-academic employees)

Notice to Employee: To ask for accommodation, **please print, complete and sign this form, Do not include diagnosis or medical reason. Make a copy of the form for your records. Return the original form to the Disability Services Office, Box 354560 or 4045 Brooklyn Ave. NE, #230, Seattle, WA 98105. If you have any questions about disability accommodations, please contact your Human Resource Consultant.**

Name (Last)		(First)	(M.I.)	Email	ID Number
Department		Box Number	Job Title	Phone	Work Location/Building
Name of Immediate Supervisor		Supervisor's Email		Supervisor's Phone	Box Number

I request the following accommodation(s) due to disability or serious medical condition:

Employee: Contact the Disability Services Office, Box 354560, 206-543-6450 (v), 206-543-6452 (tty) if you have questions about any of the accommodations listed below.

Assistive equipment. If known, please describe equipment needed:

Facilities modification (e.g., doors widened, ramps installed). Please describe:

Interpreter (Sign Language) or reader.

Disability Parking or Transportation.
 Disability parking permit. If you have WA State disability parking tags, indicate tag number _____ and expiration date _____
 Alternate transportation (Dial-A-Ride)
 Duration requested: *Check one* Short term (6-8 weeks) Long term

Employee: Contact your Human Resource Consultant if change is significant or if you have questions.

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

Reduction in work schedule from: Please describe:
 Duration requested: Mo. Day Yr. until Mo. Day Yr.

Modification of job duties: Please describe modification being requested.
 Duration requested: Mo. Day Yr. until Mo. Day Yr.

Other change in work schedule. Please describe:

Other accommodation. Please describe:

If this request is due to an on-the-job injury or illness, please complete the following:
 Date of injury or onset of illness: Mo. Day Yr. _____
 Have you filed a claim with the Department of Labor & Industries? Yes No*
 *If no, contact your health care provider to initiate a workers' compensation claim.

Employee Signature	Date	Home Phone
Personal Email Address	Home Address	

DISABILITY SERVICES OFFICE USE ONLY			Mo / Day / Yr				Mo / Day / Yr
Received by Disability Services Office				Copy sent to Human Resources			
Copy sent to Department				Copy sent to Workers' Compensation Program, Box 351276			