

Employee Request for Reasonable Accommodation

This form may be used to request a reasonable accommodation due to a disability. It is not a required form. Verbal requests continue to be appropriate and acceptable. You may also be requested to submit supporting documentation and/or information.

Please complete this form and submit it to your supervisor, HR partner, or department chair.

Also, please provide a copy to Be Well at Work-Disability Management (University Health Services, 2222 Bancroft Way, Suite 2100, Berkeley, CA 94720) or confidential fax (510-642-6505).

Employee Name:	Employee ID #:
Work Phone #:	Work Email:
Department:	Job Title:
Work Location:	Supervisor Name:

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”

Reason for Request
Do NOT disclose your medical diagnosis
<p><u>Without providing diagnostic information</u>, please explain your disability-related limitation and how it relates to your job duties. For example: low vision (difficulty with computer access), limited mobility (unable to walk to attend meetings across campus).</p>

Are your limitations: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown	Anticipated Recovery Date (if any):
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Accommodation(s) Requested
<p>What is your request for reasonable accommodation? Please be as specific as possible. For example: assistive device, furniture/equipment, modified work schedule.</p>

If you have any questions or concerns, please contact Be Well at Work – Disability Management at (510-643-7921).

Please sign and date the request after reading the acknowledgement below:

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that the University may not grant my request if it is not reasonable or if it creates an undue hardship on the University.

Signature:	Date:
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