



Workplace Accommodation Request Form

For Academic Staff Members, Postdoctoral Scholars, and Graduate Student Staff Members

This form consists of three (3) sections:

- **Part A:** to be completed by the Academic Staff Member, Postdoctoral Scholar, or Graduate Student Staff Member
- **Part B:** to be completed by Staff Wellness or another party that can provide clarification on the restrictions or limitations; and
- **Part C:** to be completed by the Dean or Equivalent.

If you require assistance completing this form, please contact the [HR Services representative](#) assigned to your faculty or department.

Please submit Part A to initiate your request for Accommodation.

PART A: Workplace Accommodation Request

(To be completed by the Academic Staff Member, Postdoctoral Scholar, or Graduate Student Staff Member)

Accommodation Applicant Contact Information

Last Name	
First Name	
UCID	
Position/Title	
Faculty/Department	
Phone	
Email	

Which protected ground(s)* forms the basis of this Accommodation request?

- | | |
|---|--|
| <input type="checkbox"/> race; | <input type="checkbox"/> age; |
| <input type="checkbox"/> religious beliefs; | <input type="checkbox"/> ancestry; |
| <input type="checkbox"/> colour; | <input type="checkbox"/> place of origin; |
| <input type="checkbox"/> gender; | <input type="checkbox"/> marital status; |
| <input type="checkbox"/> gender identity; | <input type="checkbox"/> source of income; |
| <input type="checkbox"/> gender expression; | <input type="checkbox"/> family status; and |
| <input type="checkbox"/> physical disability; | <input type="checkbox"/> sexual orientation. |
| <input type="checkbox"/> mental disability; | |

**If your request is based on a disability, please ensure that you have provided Staff Wellness with medical documentation identifying your restrictions/limitations. For other protected grounds, please provide a contact that can clarify your restrictions or limitations.*

Part A (Academic Staff Member, Postdoctoral Scholar, and Graduate Student Staff Member Section)

Please submit completed form to your Dean, Department Head, Staff Wellness or [HR Services](#).



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What are the job duties or requirements that you are unable to perform/meet without the requested Workplace Accommodation?

What is the specific modification/Accommodation that you are requesting?

How is the requested Accommodation going to assist you to perform or meet the identified job duties or requirements?

What is the expected duration of the requested Workplace Accommodation?

Applicant Signature		Date	
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Please submit completed form to your Dean, Department Head, Staff Wellness or [HR Services](#)

Part A (Academic Staff Member, Postdoctoral Scholar, and Graduate Student Staff Member Section)

Please submit completed form to your Dean, Department Head, Staff Wellness or [HR Services](#).



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PART B: Restrictions or Limitations

(To be completed by Staff Wellness for Accommodations based on disabilities, or another party for Accommodations based on other protected grounds)

Staff Wellness Advisor or Other (for non-medical Accommodation requests) Contact Information

Last Name	
First Name	
Phone	
Email	

Accommodation Applicant Identification

Name	
UCID	

Restrictions/Limitations	Permanent or Temporary	End Date (If applicable)

Signature		Date	
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Please submit completed form to [HR Services](#)

Part B (Staff Wellness or Other Section)
Please submit completed form to [HR Services](#).



For Academic Staff Members, Postdoctoral Scholars, and Graduate Student Staff Members

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If you require assistance completing this form, please contact the [HR Services representative](#) assigned to your faculty or department.

PART C: Internal Accommodation Efforts
(To be completed by the Dean or Equivalent)

Dean or Equivalent Contact Information

Last Name	
First Name	
Position/Title	
Faculty/Department	
Phone	
Email	

Accommodation Applicant Identification

Name	
UCID	

How essential are the job duties or requirements which the Applicant is unable to perform to the position? (i.e. consider whether they are Bona Fide Occupational Requirements)

Details of Internal Accommodation Efforts

Accommodation Type	Details of the Accommodation	Duration/ Date	Review/Outcome	Sign-Off
Within home position (modified duties, hours etc.)				Dean or Equivalent Sign-Off



**UNIVERSITY OF
CALGARY**

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Accommodation Type	Details of the Accommodation	Duration/ Date	Review/Outcome	Sign-Off
Within same unit, work group or area (i.e. bundling tasks with another position; placing into a vacancy)				Dean or Equivalent Sign-Off
Within home faculty or department				Dean or Equivalent Sign-Off

If an Accommodation is not possible within the home faculty/department, a request may be made to freeze vacant positions across the University for which the applicant may be qualified.

Request for Cross-Faculty/Department Accommodation

Please only sign below when all Accommodation efforts within the home faculty/department have been exhausted

Dean or Equivalent Signature		Date	
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Please submit completed form to [HR Services](#)

For HR Use Only

Please document cross-Faculty/Department Accommodation Efforts

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Part C (Dean or Equivalent Section)

Please submit completed form to [HR Services](#).