

**University of Houston-Downtown  
Request for Workplace Accommodation Form**

**Employee Requesting Accommodation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EmpID:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Medical  Religious (Please check one)

**Type of Accommodation Requested**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> schedule change          | <input type="checkbox"/> work site modification | <input type="checkbox"/> modification of duties    |
| <input type="checkbox"/> special equipment needed | <input type="checkbox"/> job restructuring      | <input type="checkbox"/> modification of equipment |
| <input type="checkbox"/> other _____              |   |  |

1. Describe your disability/condition, including the expected duration of the impairment and whether it will change with time.  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the job function(s) you are having difficulty performing and/or the employment benefits you are having difficulty accessing:  
\_\_\_\_\_  
\_\_\_\_\_

3. How is your condition impacting your ability to complete the duties listed in #2 above?  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the specific accommodation(s) you are requesting and how these will help you perform your job duties:  
\_\_\_\_\_  
\_\_\_\_\_

5. Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to 02.E.09 System Administrative Memorandum (S.A.M.) for [Reasonable Workplace Accommodations for Employees with Disabilities](#). Upon request, additional copies of the policy can be furnished.

Medical documentation to support accommodation request attached:  Yes  No  N/A

I understand that the Office of Employment Services & Operations ("ESO") will contact and exchange information with my supervisor, my licensed health care practitioner, and/or any other individual ESO deems appropriate to determine my ability to perform my essential job functions, to work in the job environment, to work a particular job schedule, and to determine possible accommodations.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINAL APPROVAL IS SUBJECT TO INSTITUTIONAL REVIEW**

Original: ESO Benefits Office  
One Main Street, Suite S910, Houston, TX 77002  
713-221-8060

Copy: Employee Supervisor