Request for Workplace Accommodation Form

Workplace accommodations can be based on any of the prohibited grounds under the Newfoundland and Labrador Human Rights Act, 2010. These grounds are listed in the Definition section of the University’s Workplace Accommodation Policy.

**Accommodation** – Accommodation is the duty owed by the University to an employee or job applicant not to discriminate against them. It is any temporary or permanent measure used to remove a barrier which prevents an otherwise qualified individual from performing or fulfilling the essential duties of a job. The University will attempt to accommodate the employment needs of job applicants and employees who are protected under the Human Rights Act, 2010, up to the point of undue hardship.

In order for Memorial University to consider a request for an accommodation some information is needed and documentation related to this request is required.

1. **Describe the basis for your request for a workplace accommodation.**

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Name: __________________________________________

Unit: __________________________________________

Position: ______________________________________

Email: _________________________________________

Phone (B)___________ (H)___________ (C)___________
   (Optional) (Optional) (Optional)
2. What is the nature of the accommodation that you are seeking?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. How will an accommodation support your ability to perform the responsibilities of your position?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. How would you like to be contacted with respect to this request?
   ☐ Home Phone    ☐ Work Phone    ☐ E-mail    ☐ Letter

Please complete and sign the form and submit it to the person to whom you directly report (Dean, Director, Administrative Head, Manager or Supervisor), who will contact the Office of Faculty Relations or the Department of Human Resources. All requests are acknowledged in a confidential and timely manner and will follow the principles of the University’s Workplace Accommodation Policy.

Signature: _________________________________     Date: __________________________