

# University of Houston System Request for Workplace Accommodation Form

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

PeopleSoft ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Supv. Title: \_\_\_\_\_

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

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

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

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

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5. Additional comments:

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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

I understand that the Office of Equal Employment Opportunity Services ("EOS") will contact and exchange information with my supervisor, my licensed health care practitioner, and/or any other individual EOS deems appropriate as necessary 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 \_\_\_\_\_

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**FINAL APPROVAL IS SUBJECT TO INSTITUTIONAL REVIEW**

**Original: Equal Opportunity Services**  
4367 Cougar Village Drive, Bldg. 526  
Houston, Texas 77204 -3020  
713-743-8835

**Copy: Employee's Supervisor**