

Workplace Accommodation Request Form

Employee Health and Accommodations (EHA) - University of Waterloo

Commissary (COM), Room 115

200 University Avenue West, Waterloo, ON N2L 3G1

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Website: <https://uwaterloo.ca/employee-health-accommodations>

WORKPLACE ACCOMMODATION REQUEST FORM

The University of Waterloo is committed to ensuring you can access and participate fully in your employment. Employee Health and Accommodations (EHA) is the centralized office for the management of workplace accommodations for all employees. EHA is the designated office for the management of accommodation requests related to disabilities. The term 'disability' covers a broad range and degree of conditions that can be permanent, temporary, episodic, and suspected, including temporary disabilities, chronic conditions, disabling illness, as well as the physical, emotional, and psychological effects of a trauma (e.g., sexual violence, geographic violence). You will not be asked to share your experiences of racial trauma or violence – only to express the specific impacts on your workplace functioning (e.g., impacts on short-term memory, ability to focus, etc.) You should not feel pressured to disclose any information about your experiences that you do not want to.

At EHA, we design and implement your accommodation plan by working closely with you, your supervisor, and relevant campus partners to remove barriers and build capacity for success. Consent and confidentiality are crucial principles within this process. More information about consent, confidentiality and how we protect your private health information can be found on our [Consent and Confidentiality website](https://uwaterloo.ca/employee-health-accommodations/consent-and-confidentiality) (<https://uwaterloo.ca/employee-health-accommodations/consent-and-confidentiality>). If you have questions or need more information before initiating this application process, please contact our office. We are here to help! There may be times where you have information and support needs that cannot be met within the scope of this office. In these instances, we will ensure you are informed of, and connected with, the campus resource that is best suited to meet your needs (e.g., Human Resources Partners, Conflict Management Office, University of Waterloo Staff Association (UWSA), Faculty Association of the University of Waterloo (FAUW), etc.).

SECTION 1: EMPLOYEE CONTACT INFORMATION

Employee Name	
Employee WATIAM username	
Department	
Job Title	
UW Email Address	
Employee's Preferred Contact (UW Email, Personal Email or Phone Number)	



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SECTION 2: CONFIDENTIALITY & AUTHORIZATION FOR RELEASE OF INFORMATION

Following all applicable legislation and privacy standards, your information is kept confidential within the Employee Health and Accommodations (EHA) department.

The information provided in this form, including any medical diagnosis(es), is kept ***strictly confidential***. Your information will be stored in EHA's confidential records.

By signing below, I verify the accuracy of the information provided in this form and I consent to the use of the information in the form for the purposes of exploring workplace accommodations.

Employee signature:	Date completed (DD/MM/YYYY): _____
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Applicant's informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

SECTION 3: SUPERVISOR CONTACT INFORMATION

Employer (Select all that apply):

- ☐ University of Waterloo
- ☐ Conrad Grebel University College
- ☐ Renison University College
- ☐ St. Jerome's University
- ☐ United College

Supervisor First and Last Name	
Supervisor UW Email Address	

SECTION 4: WORKPLACE ACCOMMODATION REQUEST INFORMATION

Please describe the nature of the request.

For example, if your request is related to a medical condition/disability/disabling condition, please describe the nature of your condition, and/or the primary symptoms you are experiencing related to your request for accommodation. *You are not required to disclose your diagnosis or any details of a traumatic event or experience.*

What are the job duties or occupational requirements that you are unable to perform or expectations you are unable to meet without accommodations? What barriers are you encountering that are impacting your fulsome participation in your role or access to an opportunity in your role?

We invite you to think broadly – this may include core/primary job functions (such as designing and planning lectures, providing in-person client services etc.), participating in training, attending mandatory workplace events, team building events or social opportunities, engaging in applications/hiring practices for a new opportunity at UW, etc.

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	None	Mild	Moderate	Severe	Unable to assess or unknown at this time
Attention / Concentration	☐	☐	☐	☐	☐
Memory (Short and Long Term)	☐	☐	☐	☐	☐
Information Processing	☐	☐	☐	☐	☐
Listening	☐	☐	☐	☐	☐
Reading (Paper)	☐	☐	☐	☐	☐
Reading (Screen Time)	☐	☐	☐	☐	☐
Managing Distractions (Internal)	☐	☐	☐	☐	☐
Managing Distractions (External)	☐	☐	☐	☐	☐
Managing Emotions	☐	☐	☐	☐	☐
Managing Interpersonal Interactions	☐	☐	☐	☐	☐
Executive Functioning: Organization	☐	☐	☐	☐	☐
Executive Functioning: Planning	☐	☐	☐	☐	☐
Executive Functioning: Time Management	☐	☐	☐	☐	☐
Executive Functioning: Problem Solving	☐	☐	☐	☐	☐
Physical and Mobility: Lifting	☐	☐	☐	☐	☐
Physical and Mobility: Carrying	☐	☐	☐	☐	☐

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	None	Mild	Moderate	Severe	Unable to assess or unknown at this time
Physical and Mobility: Bending / Twisting / Low Level Work	☐	☐	☐	☐	☐
Physical and Mobility: Walking	☐	☐	☐	☐	☐
Physical and Mobility: Standing	☐	☐	☐	☐	☐
Physical and Mobility: Sitting	☐	☐	☐	☐	☐
Sensory / Neurological: Visual Restrictions	☐	☐	☐	☐	☐
Sensory / Neurological: Auditory Restrictions	☐	☐	☐	☐	☐
Sensory / Neurological: Speech or Communication Restrictions	☐	☐	☐	☐	☐
Sensory / Neurological: Temperature or Atmosphere Restrictions	☐	☐	☐	☐	☐
Dexterity (Fine Motor Control)	☐	☐	☐	☐	☐
Typing / Keyboarding	☐	☐	☐	☐	☐
Handwriting	☐	☐	☐	☐	☐
Navigating and Accessing the Physical Campus	☐	☐	☐	☐	☐
Fatigue / Endurance	☐	☐	☐	☐	☐
Pain	☐	☐	☐	☐	☐

Additional Comments, Additional Restrictions/Limitations/Barriers not captured above:

What is the expected duration of the barriers / need for accommodation(s)? (i.e. temporary, permanent, episodic, etc.).

Have you sought or received workplace accommodation(s) in the past for related barriers? If yes, please explain.

Do you require any accommodations/assistance in the event of an emergency (i.e. read /access emergency information, activation of our fire/security alarm system, using emergency exits, etc.)?

Do you require accessible formats of materials through this process

☐ Yes

☐ No

Please outline your accessible formatting needs / preferred formatting for documents and communications in this process:

To help us best serve you, please select the option that best describes your situation:

☐ I do not have an accommodation plan established with EHA.

- **Next Step:** We will email you with your scheduled intake appointment. We will email your supervisor (cc'ing you) informing them that you have initiated a request for workplace accommodations and are awaiting an intake appointment (which may take some time).

☐ I have an accommodation plan established with EHA, but my needs have changed (e.g., a change in my condition, role or environment).

- **Next Step:** We will email you with your scheduled intake appointment. We will email your supervisor (cc'ing you) informing them that you have initiated a request for workplace accommodations and are awaiting an intake appointment (which may take some time).

☐ I have an accommodation plan established with EHA, but it is (or soon will be) expiring.

- **Next Step:** We will email you with your scheduled intake appointment. We will email your supervisor (cc'ing you) about extending your plan as an interim measure until it can be reviewed by EHA (which may take some time).

☐ I have an accommodation plan established with EHA, and my supervisor has requested to review/re-issue the plan.

- **Next Step:** We will email you with your scheduled intake appointment. We will email your supervisor (cc'ing you) about continuing your current plan until it can be reviewed by EHA (which may take some time).

Please provide any other information about your symptoms, impacts, functional limitations that Employee Health and Accommodations should consider. Please note EHA does not require you to share the details of your traumatic experience, and does not require you to disclose your diagnosis.

