UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Employee Workplace Accommodation Request

Workplace accommodations are intended to help an employee overcome physical or mental limitations caused by a disability or medical condition that interferes with their ability to perform the functions of their job. Additionally, employees who are high risk of severe illness from COVID-19 as defined by the Center for Disease Control may seek an accommodation. Please note, however, that a fear of contracting COVID-19 is not recognized generally as a valid reason for an accommodation. As an initial step in the accommodation process, please complete this form. For questions, see the **AWARE Re-Entry Accommodation FAQs**.

Check all that apply:

☐ **Student worker** ☐ **Staff** ☐ **Faculty**

Name:	Job Title:	Blazer ID:
Email address:	**Work Phone:**	**Cell Phone:**
Preferred method of communication:		
Department/School:	**Supervisor Name:**	**Supervisor Phone:**

If you require additional space, please indicate "See Attached" in the box. Type the question(s) and your detailed response in a separate Microsoft Word document. Save and email the completed Request Form and document to **HRAware@uab.edu**.

Describe the medical condition or high-risk factor that limits your ability to perform your job responsibilities.

Is the medical condition temporary or permanent? If the condition is not permanent, please identify the anticipated duration of the condition.

Please describe the job-related tasks you have difficulty performing due to your disability or high risk factor:

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Describe the workplace accommodation(s) that will allow you to perform the essential functions of your job. Be as specific as possible. (i.e. requesting a piece of equipment or a device, modified work schedule, etc.)

How will the accommodation(s) enable you to perform your job related tasks?

Provide any additional information you believe is relevant to assist in evaluating your accommodation request.

Please ensure that any documentation that supports your accommodation request is sent to **HRAware@uab.edu**.

I have voluntarily completed this Employee Workplace Accommodation Request Form and all information provided is true and accurate. I give UAB permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act and other related Acts. This may include speaking to appropriate University personnel and/or my health care professional, and acknowledge that such communication is job-related and consistent with business necessity. I understand that all information obtained during this process will be maintained and used in accordance with confidentiality requirements and regulations. I further understand that I may be required to provide appropriate documentation of my disability or high-risk factor, including the impact of the functional limitations on my ability to perform the essential functions of my job.

Applicant Signature:

Date:

SUBMIT

*This form must be completed using Adobe Reader. If you are using a browser other than Internet Explorer, save and email it as an attachment to **HRAware@uab.edu**.*