

# Employee Request for Work Accommodation



## UNIVERSITY OF NORTHERN COLORADO

Office of Human Resources  
Carter Hall, Room 2002  
Greeley, CO 80639

### OVERVIEW

Employees who wish to request a work accommodation must notify Human Resources (HR). At that time, HR will provide the employee with the Medical Certification and Employee Request for Work Accommodation forms. The Medical Certification form must be completed by the treating medical profession. Both forms must be completed and return to HR to have the accommodation request reviewed. An HR representative may contact the employee to clarify or request further information to assist in the determination. If the accommodation is deemed to be reasonable based on the medical information, HR will notify the supervisor, or in the case of a faculty member the dean of the college, of the requested accommodations. If the request is deemed not appropriate, HR will contact the employee to discuss.

### PURPOSE

The purpose of this documentation is to assist Human Resources (HR) in determining, along with the completed Medical Certification form, what accommodations are requested and if they are reasonable and prudent based-on the job duties

### INSTRUCTIONS

Provide the following information. Specifically and clearly state what kind of accommodation you are requesting to mitigate your situation so you can perform your job duties. Incomplete or vague information may delay the request.

Employee Name (print) \_\_\_\_\_ Date of Request \_\_\_\_\_

#### Employee Type

Classified/ Professional Administrative Staff     Faculty     Other    Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ If faculty member, Dean's Name \_\_\_\_\_

*I am requesting the following accommodations to allow me to perform the essential duties of my position:*

---

---

---

---

---

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

Bear Number \_\_\_\_\_

### TO BE COMPLETED BY HUMAN RESOURCE SERVICES

Date Medical Certification and Accommodation Request received \_\_\_\_\_  
Accommodation was deemed reasonable  Yes  No If no, what action was taken \_\_\_\_\_

Date supervisor or dean contacted: \_\_\_\_\_ HR Representative \_\_\_\_\_