

**EMPLOYEE REQUEST FOR WORKPLACE ACCOMMODATION FORM**

This form is to be completed if you require a workplace accommodation for medical reasons. Please ensure you have reviewed your request with your supervisor. Please return the signed and completed form to Employee Health Services at Gilmour Hall 304, or by fax to 905-540-9085. This process is in accordance with the McMaster University Guide and Procedures on Workplace Accommodation, available at <http://www.workingatmcmaster.ca/ehs/>.

**This form is not to be used to provide medical documentation or medical diagnosis, treatment, etc.**

Employee Name and ID Number:	Employee Signature:
Position Title and Department:	Date:
Supervisor Name:	Supervisor Signature:

1. What workplace limitations, caused by your medical condition(s), are you currently experiencing? Please provide as much detail as you believe is relevant.
  
2. Referencing the workplace limitations you noted above, what specific parts of your assigned job responsibilities are difficult to perform due to your medical condition(s)? *Please attach a copy of your Job Description or reference your Job Description ID number (if available).*

3. Please describe as completely and specifically as possible the workplace accommodation(s) that you are requesting.

4. Please provide the duration of the requested workplace accommodation(s).

5. Please describe how the workplace accommodation(s) will assist you in performing your job responsibilities?

EHS Use Only	
Date Received:	EHS Signature: