

GENERAL INSTRUCTIONS

This form is meant to simplify the processing and recording of requests for accommodations. **Requests for reasonable accommodation are confidential and should be submitted directly to the UHWO Human Resources (HR) Office.**

EMPLOYEE REQUEST FOR ACCOMMODATION

General Information: To be completed by employee making request.

Date of Request: Enter the date this application for request is made.

Requester's Name: Self-explanatory. Enter the name the requester is using for employment with the State.

Position Title: Enter information on position.

Division/Unit: Enter the division/unit employee works for

Worksite/Day Phone: Worksite phone number so we can contact you during the day.

Application: To be completed by employee.

1. Requesting accommodation(s): Describe what requester believes is needed.

2. Reasons: Describe the disability and functional limitations that make this request necessary.

3. Request for accommodation is: Permanent Temporary: check appropriate box

If temporary: Enter the estimated duration of the requested accommodation

Requester's Signature: Self-explanatory.

Date: Enter the date application is signed.

Determination: To be completed by the UHWO Human Resources Office.

Date of Request: Enter date of signature.

Approved/Disapproved: Check one only. Accommodations provided: If approved, enter accommodation to be provided.

Reason(s) Denied: Enter reasons request denied. Be specific.

HR Representative Signature: Self-explanatory.

Date: Enter date of signature of action.

UNIVERSITY OF HAWAI'I – WEST O'AHU
EMPLOYEE REQUEST FOR ACCOMMODATION (Confidential)

Date of Request _____

Requester's Name: _____

Position Title: _____

Division/Section/Unit: _____

Worksite/Day Phone: _____

APPLICATION
(Application to be completed by employee/applicant)

1. I am requesting the following accommodation(s): _____

2. It is necessary for me to have this accommodation for the following reasons: _____

3. Request for accommodation is: Permanent Temporary

If temporary, estimated duration _____

Requester's Signature _____ Date _____

NOTE: Please attach supporting medical documentation.

DETERMINATION

Your request of _____ for an accommodation has been:

Approved ACCOMMODATION(S) PROVIDED: _____

Disapproved REASON(S) DENIED: _____

If you disagree with the determination, you may present additional information to the UHWO HR Office within ten (10) business days of the date that this determination is made to further substantiate your request. Please call the UHWO HR Office at 689-2525 to discuss the above decision.

HR Representative Signature _____ Date _____