



HUMAN RESOURCES  
UNIVERSITY OF CALIFORNIA, MERCED  
5200 N LAKE RD  
MERCED, CALIFORNIA 95344-0039  
(209) 228-8247

**ATTACHMENT A  
DOCUMENTATION OF REASONABLE ACCOMMODATION**

At UC Merced, managers and supervisors are encouraged to work directly with their faculty and staff to provide reasonable accommodation for anyone requesting such for performance of their essential functions. If you have questions or concerns, please contact Accommodations Management at 209/ 228-8247 for assistance.

**All medical information is to be maintained as a confidential record and kept in a locked area that is separate from personnel files.**

FACULTY/STAFF MEMBER’S NAME: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

WORK RESTRICTIONS PER THE TREATING PROVIDER:  
As stated in the attached, most current medical report from Dr. \_\_\_\_\_

RESTRICTIONS ARE (check one):

TEMPORARY \_\_\_\_\_ (Please provide date range: \_\_\_\_\_)

PERMANENT \_\_\_\_\_

FACULTY/STAFF MEMBER’S REQUESTED ACCOMMODATIONS (attach additional sheets if necessary):

- 1.
- 2.
- 3.

AGREED UPON ACCOMMODATIONS – Provide details regarding duration, cost, specifics of the accommodation itself, etc. (attach additional sheets if necessary): \_\_\_\_\_ **(employee initials)\***

- 1.
- 2.
- 3.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\*If the employee is not available to initial to indicate agreement to the accommodations, attach an email from him/her indicating assent or contact the Accommodations Manager to obtain verbal corroboration.