

DOCUMENTATION OF REASONABLE ACCOMMODATION

At UC Merced, managers and supervisors are encouraged to work directly with their employees to provide Reasonable Accommodation for anyone requesting such for performance of their essential functions. If you have questions or concerns, please contact a Benefits Analyst at benefits@ucmerced.edu or _____ for assistance.

All medical information is to be maintained as a confidential record that is separate from personnel files.

EMPLOYEE NAME:

POSITION TITLE:

DEPARTMENT:

FUNCTIONAL LIMITATIONS/RESTRICTIONS PER THE HEALTH CARE PROVIDER (if medically related):

FUNCTIONAL LIMITATIONS/RESTRICTIONS ARE (check one and enter duration if temporary):

TEMPORARY Starting: Expiring:

PERMANENT

EMPLOYEE’S REQUESTED ACCOMMODATION(S) (attach additional sheets if necessary):

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

Employee Signature

Date

Supervisor Signature

Date

*By signing this, all parties agree on the above accommodation(s) as a Reasonable Accommodation. This accommodation may be periodically reviewed for reasonableness. If unable to obtain signature, attach an email indicating the agreed upon accommodation.