

The information on this form is collected for the purpose of providing equipment and supplies for staff with disabilities under the University of Alberta's Reasonable Accommodation Policy in accordance with the provisions of the Freedom of Information and Protection of Privacy Act, Section 33c. For further information regarding the collection and use of the personal information, contact Human Resource Services, 2-60 University Terrace, University of Alberta, Phone 780.492.4555.

If you have any questions regarding the Reasonable Accommodation Fund please phone 780.492.7124

A. Staff Member Information

Please provide the following information for the **staff member** needing accommodation in the form of equipment or supplies.

Staff Member Name	<input style="width: 95%;" type="text"/>	Staff ID	<input style="width: 95%;" type="text"/>
Department	<input style="width: 95%;" type="text"/>	Campus Address	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>	E-mail Address	<input style="width: 95%;" type="text"/>
Position Title	<input style="width: 95%;" type="text"/>		

B. Department Contact Information

Please provide the following information for the **department contact** (e.g. Supervisor, APO, Director, Dean, Department Chair).

Department Contact Name	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>	Campus Address	<input style="width: 95%;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>	Speed Code	<input style="width: 95%;" type="text"/>

If funding request, or part thereof, is approved - funds will be transferred to this account

C. Signatures

Be signing below, the department contact and the employee are agreeing to the Guiding Principles outlined in "Reasonable Accommodation Fund for Equipment and Supplies: [Guiding Principles and Process for Accessing the Fund](#)

Department Contact _____	Date	<input style="width: 95%;" type="text"/>
Staff Member _____	Date	<input style="width: 95%;" type="text"/>

D. Accommodation Needs (to be completed by Staff Member)

Nature of disability and / or disabling condition	<input style="width: 95%; height: 60px;" type="text"/>
Describe job tasks and / or responsibilities and the impact of the disability or disabling condition on your job assignments.	<input style="width: 95%; height: 60px;" type="text"/>
Describe any other accommodation in place or provided to date.	<input style="width: 95%; height: 60px;" type="text"/>
Please note any other relevant actions taken to date <small>(e.g. assessments or involvement with departments/units such as Environmental Health & Safety (EHS), Health Promotion and WorkLife Services (HPaWS), Specialized Support and Disability Services for Staff (SSDS), Office of Safe Disclosure and Human Rights.) Please attach copies of any relevant assessment reports and / or recommendations.</small>	<input style="width: 95%; height: 60px;" type="text"/>

E. Recommendations related to equipment and supplies as identified in the Assessment Report (to be completed by Department Contact)

Description of equipment or supplies (Please itemize and note the supplier information, model number and technical specifications where relevant)	Estimated Cost \$	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Total Estimated Cost \$		<input type="text"/>

Is the requested item (s) for long term use, or to accommodate a temporary need?

F. Funding Details (to be completed by Department Contact)

Please note any other sources of funding the staff member is eligible for that has been requested or received (e.g. WCB, Insurance Plans, and Supplementary Health Benefits)

Total estimated amount from other sources \$	<input type="text"/>
Total amount department will contribute \$	<input type="text"/>
Total amount requested from RAF \$	<input type="text"/>

Ownership of Equipment: Generally, when the staff member leaves to another position on campus and RAF has been used, the item(s) will follow the individual. In the event the staff member leaves the University and RAF has been used, the item(s) are returned to the central location; however, when the Department has funded a large portion of the item(s), they could remain with the Department.

G. Review and Approval (to be completed by the RAF Administrator)

Date Application Received	<input type="text"/>	Assessment(s) Completed By	<input type="text"/>
Completed "Medical Documentation Required to Support Application" attached:	<input type="radio"/> Yes <input type="radio"/> No	Assessment and / or Rrecommendations attached:	<input type="radio"/> Yes <input type="radio"/> No
Total Amount Approved	<input type="text"/>	Date Approved	<input type="text"/>
Approved By	<input type="text"/>	Date Funds Transferred	<input type="text"/>

Please attach the following:

Copies of Assessment Reports and Recommendations for item(s) / equipment (e.g. assessment reports from Environmental Health & Safety, or Specialized Support and Disability Services).

[Medical Documentation Required to Support Application to Reasonable Accommodation Fund form](#). If the medical practitioner charges a fee for completing this form, this may be reimbursed by the RAF.

For more information, see [Reasonable Accommodation Fund for Equipment and Supplies: Guiding Principles and Process for Accessing the Fund](#)

Please submit completed application and supporting documentation to:

Health Promotion and WorkLife Services, Human Resource Services, 2-60 University Terrace

The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of managing your health and wellness information. Direct any questions about this collection to Human Resource Services, 2-60 University Terrace, University of Alberta, Telephone (780) 492-4555.