PACE UNIVERSITY

Workplace Accommodation Request Form

Pace University adheres to all the applicable federal, state and local laws, governing workplace accommodations. To expedite the workplace accommodation request process, job applicants, employees, independent contractors are encouraged to complete this form.

Completed forms must be submitted via email to employeerelations@pace.edu for review and appropriate follow-up. Requests will be acknowledged by an authorized University representative (i.e. *Employee/Labor Relations and Engagement Department Representative* and/or *Reliance Matrix ADA Specialists)* within three business days from its receipt. Please refer to the University's Reasonable Workplace Accommodations Policy for more detailed information about the interactive accommodation process.

Personal Information:

First Name:

Last Name:

Middle Initial:

Position Title (if applicable):

Personal Email:

Phone number (to be reached at directly):

Department:

Division or School/College:

Employee Work Location (Campus, Building, Floor, Room#)

Supervisor/Chair Name:

Supervisor/Chair Email address:

Requestor Type (Dropdown - please select one)

Full-Time Faculty

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Please check, as applicable:

- ◉ New request for accommodation
- ○ Request to continue/extend an approved accomodation

Select the accommodation request type:

- ○ Disability or medical condition
- ○ Lactation
- ○ Pregnancy, childbirth, or a related medical condition
- ○ Religious observances or practices
- ○ Other

Accommodation request (include all relevant details):

If applicable, please describe the condition for which you are requesting an accommodation:

Is your condition temporary, permanent, or unknown?

If the condition is temporary, what is the anticipated date you will no longer need the accommodation(s)?

(**Employees Only**) Please describe your primary job responsibilities and typical work schedule, if relevant to your accommodation request.

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Requestor Signature: Date:

Disclaimer:

My signature confirms that, to the best of my knowledge, all the information provided above is accurate. It also certifies my agreement to adhere to the University's Workplace Accommodation Policy demonstrating by cooperation with the authorized University representative (i.e. *Employee/Labor Relations and Engagement Department Representative* and/or *Reliance Matrix ADA Specialists)* assigned to my request, including providing medical/supporting documentation in a timely manner, where applicable.

I understand that I may not be granted the specific accommodation I have requested, and that the University may approve a reasonable alternative if necessary.

Privacy Statement:

Accommodations are determined, identified and implemented in a collaborative process among the individual making the request, department chair/supervisor, Reliance Matrix ADA Specialists and the Office of Human Resources, and Office of the Provost if applicable, with review and feedback from the University's Healthcare professionals.

All medical documentation and information should be shared solely with the Office of Human Resources or Reliance Matrix.

Contents of this request are confidential. This form, and any medical documentation submitted on your behalf, will not be placed in your personnel file. All medical documentation will be kept with Reliance Matrix platform managing workplace accommodations.