

**Reasonable Accommodation Request Form**

Request for Reasonable Accommodation for an employee with a disability

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| Employee Name: |  |
| Staff Number: |  |
| Department: |  |
| Head of Department: |  |

Section 1: Reasonable Accommodation

Please confirm that you would like to request a Reasonable Accommodation put in place for your disability: Yes/No

Section 2: Declaration of Disability

Please provide the following details in the box provided below (you may attach additional pages if needed):

* Description of your disability (detailed medical information is not required).
* The restrictions/difficulties you encounter or may encounter while carrying out your role; and
* Any suggested accommodations that you think may assist you in carrying out your role

Section 3: Consent to Share Information

Please confirm that you consent to the information provided in this form being shared with the relevant parties (if necessary), as outlined in Maynooth University’s Policy on the Employment of People with Disabilities. You will be informed prior to any disclosure of information: Yes/No

Is a Workplace Needs Assessment needed to identify what Reasonable Accommodations could be implemented? Yes/No

Any other relevant information:

Once you have completed all the above sections, please sign and date the below and submit this form to the EDI Office – [equality@mu.ie](mailto:equality@mu.ie).

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_