



The information on this form is collected for the purpose of **providing equipment and supplies** for staff with permanent medical conditions 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 Resources, Health, Safety, and Environment

Enterprise square, 10230 Jasper Ave

If you have any questions regarding the Reasonable Accommodation Fund please email: [recovery@ualberta.ca](mailto:recovery@ualberta.ca)

#### A. Staff Member Information

Please provide the following information for the **staff member** needing accommodation in the form of equipment/adaptive technology.

Staff Member Name

Staff ID

Department

Campus Address

Phone

E-mail Address

Position Title

#### B. Department Contact Information

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

Department Contact

Title

Name Phone

Campus Address

Email Address

Speed Code

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

#### C. Signatures

By signing below, the department contact and the employee are agreeing to the Guiding Principles noted in the Reasonable Accommodation Fund for Equipment/Adaptive Technology.

Department Contact

Date

Staff Member

Date

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

Nature of permanent medical condition

Describe job tasks and / or responsibilities and the impact of the permanent medical condition on your job assignments.

Describe any other accommodation in place or provided to date.

Please note any other relevant actions taken to date

(e.g., assessments or involvement with departments/units such as Environmental Health & Safety , Organizational Development, Equity and Health, Student Accessibility Services, Office of Safe Disclosure and Human Rights.)

**Please attach copies of any relevant assessment reports and/or recommendations.**

**Medical information to support a request is to be forwarded to Homewood Health.**

**E. Recommendations related to equipment and/or adaptive technology identified in the Assessment Report**

(to be completed by Department Contact)

Description of equipment/adaptive technology (Please itemize and note the supplier information, model number and technical specifications where relevant)

Estimated  
Cost \$

Total Estimated Cost \$

Is the requested item(s) for long term use or for 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 \$

Total amount department will  
contribute \$ (usually 50%)

Total amount requested from RAF\$

**Ownership of Equipment:** All equipment/technology purchased with funds from the RAF are property of the University of Alberta. If the employee no longer requires the item, or no longer works for the University, these items may be redeployed within the department so that other staff may use as appropriate.

**G. Review and Approval (to be completed by HRHSE)**

Date application received

Assessment(s) completed by

Completed "Medical Documentation  
Required to Support Application" attached:      Yes      No

Assessment and/or  
recommendations attached:      Yes      No

Total amount approved

Date approved

Approved by

Date funds transferred

**Please note the following:**

- Copies of assessment reports and recommendations for item(s)/equipment (non-medical) are sent to HRHSE.
- Completed Accommodation Request form (parts A and B) submitted to HRHSE.
- Medical documentation required to support the application to the RAF is sent to Homewood Health.

**For more information email: [recovery@ualberta.ca](mailto:recovery@ualberta.ca).**

**Please submit completed application and supporting documentation to: Human Resources, Health, Safety, and Environment  
Enterprise square, 10230 Jasper Ave  
Edmonton, Alberta, T5J 4P6**

**Please submit any medical documentation to Homewood Health by fax to 780-429-1747**