APPLICATION FOR FUNDING FOR EQUIPMENT AND/OR ADAPTIVE TECHNOLOGY UNDER THE REASONABLE ACCOMMODATION POLICY

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 Resource Services, 2-60 University Terrace, University of Alberta, Phone 780-492-4555.

If you have any questions regarding the Reasonable Accommodation Fund please email: 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 Name		Title	
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 ODEH)

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 ODEH.
- Completed Accommodation Request form (parts A and B) submitted to ODEH.
- Medical documentation required to support the application to the RAF is sent to Homewood Health.

For more information email: recovery@ualberta.ca

Please submit completed application and supporting documentation to: Organizational Development, Equity and Health
2-60 University Terrace

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