



HUMAN RESOURCES

UNIVERSITY of WASHINGTON

Disability Services Office

Disability Accommodation Request (DAR)

Employee Form

Overview

The University of Washington provides reasonable accommodation for employees with sensory, mental and/or physical disabilities. A reasonable accommodation is a modification that enables the employee to perform the essential functions of their position, is medically necessary, and does not create an undue hardship. For detailed information on the accommodation request process and to locate your Accommodation Consultant, please review the ["Disability Accommodation"](#) webpage.

Employees requesting accommodation are not required to disclose to their immediate supervisor the medical basis for the requested accommodation. The University requests the employee provide a statement from a healthcare professional Health Care Provider Statement (HCPS) regarding the employee's functional limitations and need for reasonable accommodation, unless the disability and the accommodation required are readily apparent.

It is the employee's responsibility to see that their health care provider returns the HCPS to the Disability Services Office (DSO). Medical records are confidential and are maintained in central Human Resources and the DSO, not in department files.

To request this form or other accommodation related materials in an alternate format, or to request an interpreter or other accommodation during the disability accommodation process, please contact the DSO at 206-543-6450 (voice), 206-543-6452 (TTY), or dso@uw.edu.

If you are requesting an ergonomic workstation evaluation, please visit [Environmental Health & Safety](#). Medical Center staff may contact their leave and accommodation specialist or email medctrfmla@uw.edu. If your request is due to a medical condition, please complete the DAR and the HCPS form and submit to dso@uw.edu.

Routing Instructions

Complete and submit this form to the Disability Services Office at dso@uw.edu; 4320 Brooklyn Ave NE, Seattle, WA 98195-4560 (USPS) or Box 354560 (campus mail); FAX: 206-685-7264.

Employee Information

1. Name (Last, First, MI):
2. Employee ID:
3. Work location:
4. Supervisor's name:

Accommodation request and supporting information

1. Please indicate the type of accommodation being requested. Check all that apply.

- ☐ Assistive equipment. Please describe:
- ☐ Facilities modification (e.g., doors widened, ramps installed). Please describe:
- ☐ Sign language interpreter or real time captioning. Please describe:
- ☐ Classroom reassignment. Please describe:
- ☐ Disability parking with a Washington state permit. **If yes, please submit a copy of your wallet card to DSO. If you submit a copy of your wallet card, further medical information will not be necessary (parking only).**
 - WA state disability parking tag number:
 - WA state disability tag expiration date:
- ☐ Disability parking without a Washington state disability parking permit.
 - Requested from: _____ to: _____
- ☐ Alternative transportation (Dial-A-Ride)
 - Duration requested: _____ Short term (less than 6 weeks) _____ Long term _____
- ☐ Leave of absence or intermittent leave:
 - Requested from: _____ to: _____
- ☐ Reduction in work schedule. Please describe:

- Requested from: _____ to: _____

☐ Modification of job duties. Please describe:

- Requested from: _____ to: _____

☐ Other change in work schedule. Please describe:

☐ Other accommodation. Please describe:

2. If this request is due to an on-the-job-injury or illness, have you filed a claim with the Department of Labor and Industries? (If not, contact your health care provider to initiate a workers' compensation claim.)

i. Yes No

3. An accommodation is meant to enable the employee to perform the essential functions of their position, is medically necessary and does not create an undue hardship. Please describe how the accommodation(s) requested above will allow you to perform the essential functions of your position:

4. Employee signature and date: