

# REQUEST FOR WORKPLACE ADJUSTMENT

Use this form to request a workplace adjustment at UTS. It is to be used in conjunction with the Accessibility and Inclusion Policy and the Workplace Adjustment Procedure.

## How to fill out this form

1. You must complete section 1.
2. Your supervisor must complete section 2.
3. Email your completed form, and any relevant attachments, to HR Client Services at [hrclientservices@uts.edu.au](mailto:hrclientservices@uts.edu.au)

Section 1. Staff member/applicant to complete			
First name:		Last name:	
Current role/ role applied for:		Faculty/unit:	
Date of request:		Contact number:	
What aspects of the role do you need assistance with?			
What workplace adjustments would help you (e.g. facilities, equipment and conditions)?			
The adjustment required is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (expected duration:      )		
<p>I understand that any medical information provided will be kept in a confidential file within the People Unit in line with the Privacy Policy and the Records Management Policy.</p> <p>I consent for this information to be provided to the People Unit and the Centre for Social Justice and Inclusion as required for the purpose of assessing and providing the requested adjustments.</p>			
Signature		Date	
<input type="checkbox"/> Supporting medical documentation attached			

Section 2. Supervisor/hiring manager to complete			
Name:		Position:	
Faculty/unit:		Contact number:	
In line with the Accessibility and Inclusion Policy and the Workplace Adjustments Procedure, I have discussed with the staff member/applicant:	<input type="checkbox"/> the nature and functional limitations placed on the staff member/applicant by their disability or condition <input type="checkbox"/> the duration of the disability or condition and whether it is likely to change over time <input type="checkbox"/> what specific adjustments are being suggested by the staff member/applicant.		

<p>In line with the Accessibility and Inclusion Policy and the Workplace Adjustments Procedure I have:</p>	<p><input type="checkbox"/> obtained (and attached) a copy of supporting medical documentation (where required)</p> <p><input type="checkbox"/> consulted with the relevant specialist (for example, the People Unit, the Property Unit)</p>	
<p>The following workplace adjustment(s) have been identified and discussed with the staff member/applicant as appropriate:</p>		
<p>I confirm the staff member's workplace adjustment request is:</p>	<p><input type="checkbox"/> approved by the faculty (next step is to create a workplace adjustment management plan in line with the Workplace Adjustments Procedure)</p> <p><input type="checkbox"/> not approved (provide details in line with the Workplace Adjustments Procedure)</p>	
<p>I confirm the applicant's workplace adjustment request is:</p>	<p><input type="checkbox"/> approved</p> <p><input type="checkbox"/> not approved (provide details in line with the Workplace Adjustments Procedure)</p>	
<p>Signature</p>		<p>Date</p>