



## UCI DISABILITY ACCOMMODATION REQUEST FORM

### Employee Request for Accommodation due to Disability

The President of the University of California has concluded that during the SARS-CoV-2 pandemic, "critical steps must be taken to reduce the likelihood of severe disease among students, faculty and staff, particularly those on campus, and in turn to reduce the likelihood that our health systems will be overwhelmed." On July 31, 2020, the University issued an Executive Order to be effective through the 2020-2021 flu season that "all students, faculty, and staff living, learning, or working at any UC location must receive a flu vaccine" by October 31, 2020.

Employees may use this form to request an accommodation due to disability

**Employee Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Employee ID Number:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Work Email Address:** \_\_\_\_\_

**I have previously engaged in the interactive process and have a current Reasonable Accommodation Agreement on file.**

Yes

No

**I am requesting an accommodation to the requirement to receive a flu vaccine.**

**Work Location (choose one):**

I am currently working remotely and will not access any UC facility at any time.

I am working on-site or will access a UC facility at any time (even one time).

- Identify the accommodation you are requesting (an accommodation must enable you to meet the required/essential functions of your job and must not impose an undue burden, which includes compromising workplace safety, on the University.

(please describe)

**Please sign and date the request after reading the acknowledgement below.**

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that the University may not grant my request if it is not reasonable or if it creates an undue burden on the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form and any additional information to the Employee Experience Center at [eec@uci.edu](mailto:eec@uci.edu).**