



REQUEST FOR WORKPLACE ADJUSTMENT

1. FOR JOB APPLICANTS ONLY

The Request for Workplace Adjustment form should be sent to the Recruiter or the contact person for the position for which you are applying.

Name:	Title:
Telephone number:	Email:
Address:	
Position/Title applied for:	
Faculty or Business Unit (if known):	
Location:	
Please indicate the parts of employment process for which an adjustment is requested (e.g., application, interview, work test or exercise):	
Description of adjustment requested (if known):	
Contact person for the position:	
Date of interview:	
Signature and date:	

2. FOR EXISTING EMPLOYEES

The Request for Workplace Adjustment form should be completed and discussed with your Supervisor. If you do not wish to discuss with your supervisor see section 4 for alternate contacts.

Name:	Title:
Faculty or Business Unit:	Telephone Number:
Location:	
Brief description of workplace adjustment request or problems associated with position:	
Signature and date:	

3. FOR SUPERVISORS AND RECRUITMENT CONTACT OFFICERS

To be completed by staff supervising the employment application process or supervising an employee requesting a reasonable adjustment

Supervisor/Contact Officer Name: Title:
Faculty or Business Unit:
Location:
Telephone Number:
Signature and date:

4. ACTION TAKEN
This form has been sent to: (please circle) <ol style="list-style-type: none">1. Recruiter for the position2. Contact Officer for the position3. Supervisor4. HR Advisor5. WHS personnel6. Staff or Union Representative7. Director EED
This form was delivered: (please circle) <ol style="list-style-type: none">1. In person2. Via email3. Via internal mail4. By fax
Name: Signature and date:

5. ACKNOWLEDGEMENT OF RECEIPT
Received by (name): Signature and date:

A case manager will be assigned to manage your request and will be in contact with you in the next ten working days. The *Workplace Adjustment Procedures* will be followed to address your request