



OHSU Employee Accommodation Request Form

This form should be completed by OHSU employees requesting an accommodation for a disability, sincerely held religious belief, or limitations related to pregnancy, childbirth or related medical conditions.

FORM INSTRUCTIONS:

Completed forms should be emailed to the Office of Employee Accommodations (oea@ohsu.edu) or delivered to the front desk at Occupational Health in the Multnomah Pavilion (Second Floor).

CONTACT US:

Email: oea@ohsu.edu

Phone: 503-494-5250

Fax: 503-346-8587

[Website](#)

EMPLOYEE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred Name	<input type="text"/>	Pronouns:	<input type="text"/>
OHSU Email:	<input type="text"/>	Personal Email:	<input type="text"/>
Phone Number	<input type="text"/>	Employee ID	<input type="text"/>
Job Title	<input type="text"/>	Manager Name	<input type="text"/>
Department	<input type="text"/>	Work Schedule	<input type="text"/>

Work Location: On-Site Hybrid Fully Remote

REQUEST TYPE

Basis of Employee Accommodation Request:

- Disability
- Limitations Related to Pregnancy, Childbirth, or a Related Condition
- Sincerely Held Religious Belief

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INTRODUCTORY QUESTIONS FOR ALL EMPLOYEES

Please select all that apply:

- My request for accommodation is time-sensitive or urgent.
- I have discussed my request for accommodation with my supervisor.
- I am completing this to formalize accommodations already being provided.
- I am currently on a leave of absence.

If yes, please provide date of anticipated return to work:

Questions for Religious Accommodations

Please briefly describe the sincerely held religious belief requiring accommodation:

Please describe the accommodation you are requesting:

Questions for Disability or Pregnancy/Childbirth Limitation Accommodations

Please describe the physical, mental, cognitive and/or sensory limitations you are experiencing that necessitate accommodation:

Please describe the challenges or barriers you are encountering and the accommodation you think would help address those challenges.

Please explain how the accommodation you are requesting will help you perform the essential functions of your job or enjoy an equal employment opportunity:

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