



APPLICATION FOR FUNDING

Under the Reasonable Accommodation Policy

Any personal information you provide to us will be collected under the authority of *The University of Manitoba Act*. It will be used to provide the services offered by this office. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act*. Your personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your personal information, please contact the: FIPPA/PHIA Coordinator's Office (204) 474-8339 University of Manitoba Archives and Special Collections 331 Elizabeth Dafoe Library, University of Manitoba Winnipeg, Manitoba R3T 2N2

If you have any questions regarding the Reasonable Accommodation Fund please phone 204-474-7897 / Fax: 204-474-7505. Please send the completed form to Human Resources Department, 309 Administration Building R3T 2N2.

A. Staff Member Information

Please provide the following information for the staff member needing accommodation in the form of equipment or supplies.

Staff Member	<input type="text"/>	Staff ID	<input type="text"/>
Department	<input type="text"/>	Campus Address	<input type="text"/>
Phone	<input type="text"/>	Email Address	<input type="text"/>
Position Title	<input type="text"/>		

B. Department Contact Information

Please provide the following information for the department contact (e.g. Supervisor, APO, Director, Dean, Department Chair).

Dept. Contact	<input type="text"/>	Title	<input type="text"/>
Phone No.	<input type="text"/>	Campus Address	<input type="text"/>
Email Address	<input type="text"/>	FOAP*	<input type="text"/>

* If funding request approved – funds will be transferred to this account.

C. Accommodation Needs (to be completed by Staff Member):

Nature of disability and / or disabling condition:	<input type="text"/>
Describe in detail the type of accommodation requested	<input type="text"/>
Describe how the accommodation will assist you.	<input type="text"/>
Please note any other relevant actions taken to date (e.g. assessments or involvement with departments or units such as EHS&O	<input type="text"/>

D. Recommendations related to purchasable items (to be completed by Department Contact):

Description of equipment or supplies (Please itemize and note the supplier information, model number and technical specifications where relevant)

Estimated Cost
\$

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Total Estimated Costs

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Is the requested item (s) for long term use, or to accommodate a temporary need?

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Important - please attach the following:

- Copies of Assessment Reports and Recommendations for item(s) /equipment (e.g. assessment reports from Occupational Health & Safety, or Disability Services).
- Medical Documentation Required to Support Application to Reasonable Accommodation Fund form.

E. Funding Details (to be completed by Department Contact):

Please note any other sources of funding the staff member is eligible for that has been requested or received (e.g. WCB, Insurance Plans, and Supplementary Health Benefits)

Total estimated amount from other sources \$

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Normally, costs shared by central administration will be the difference in costs of special equipment and the costs of office equipment and furnishings routinely provided employees. Also, the costs will normally be shared on a matching fund basis.

Total amount department will contribute \$

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Total amount requested from RAF \$

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Note: Equipment, furnishings bought with support from the RAF is University property. Employees may take the equipment off campus only for University business.

F. Signatures:

By signing below, the Dean / Department Head, Department Contact and the Employee are agreeing to "Reasonable Accommodation Fund" criteria

Staff Member _____

Date

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Department Contact _____

Date

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Dean/ Department Head _____

Date

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Comments of Dean/Department Head

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G. Review and Approval (to be completed by the Disability Case Coordinator)

Total amount approved for transfer

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Date approved:

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Signature:

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Date Funds Transferred:

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