

UQ Staff Workplace Adjustment Request Form

Overview

The Workplace Adjustment Form is to be used by UQ staff with disability and their manager. **A staff member may be considered to have a disability if they have a permanent or temporary condition which is physical, sensory, psychological/ psychiatric, intellectual, neurological and/or neurodiverse in nature. Reasonable adjustments are put into place to allow a person with disability to complete the tasks of their role effectively and comfortably, and/or to allow equal employment opportunity.**

Please submit this completed form to your supervisor via email. Please note that the information you provide in this form may also be shared with Workplace Diversity and Inclusion or your local HR Client Partner, and other staff on a need-to-know basis only in accordance with the [Disability Inclusion and Reasonable Adjustments for Staff Procedure](#).

Information you provide below will be used strictly for the purposes of considering and implementing your request for a workplace adjustment. Information provided will be stored in accordance with the [UQ Privacy Management Policy](#) and shared on a strict 'need to know' basis.

Personal details – staff member to complete

Name:

Position:

Organisational unit:

Supervisors name:

Workplace Adjustment Request – staff member to complete

What adjustment/s¹ are you requesting: *If you need advice on what may be reasonable to request, you may speak with your HR Client Partner, Workplace Diversity and Inclusion, or the Health, Safety and Wellness advisers, depending on your needs.*

¹ *If you are requesting a flexible work arrangement, your manager can find the Workday Guide on [how to change work hours here](#).*

Why do you require these adjustments: *Please describe how these adjustments can help mitigate the impacts of your condition(s). Information about your disability will only be used by HR, specifically Workplace Diversity and Inclusion, for statistical purposes to better understand the needs of people with diverse abilities at UQ.*

How long do you anticipate needing this adjustment/s? *Some adjustments may be temporary and some may be permanent. If you are unsure, please provide an estimated timeframe.*

I have attached any relevant information that may support my request, where appropriate and necessary. *Supporting information may include letter from a health care professional or any other relevant information that might help to inform a decision.*

Confirmation of information – staff member to complete

By signing here, I confirm that all information included in this submission is correct and reflective of my needs and/or advice provided to me by a health care professional.

Staff member signature:

digital signature accepted

Date:

Click or tap to enter a date.

Outcome of request- supervisor to complete

Under the [Disability Discrimination Act of 1992](#), **all employers are required to provide reasonable adjustments when needed to allow staff members with temporary or permanent disabilities² to have equitable access to the tasks of their role.** If a supervisor is uncertain of what is reasonable, or what kind of assistance/adjustments can be provided, please contact Workplace Diversity and Inclusion (ideals@uq.edu.au or 334 60402) or your [HR Client Partner](#) to discuss.

You must discuss the request and any outcome with the staff member prior to providing the formal outcome.

Workplace adjustment/s request supported

Yes, I support this workplace adjustment request, with a review period of .

I confirm that I am working with the staff member, and HR if needed, to implement the adjustment/s. The adjustments will be in place by [Click or tap to enter a date..](#)

Notes

Workplace adjustment/s request not supported

No, I don't support this workplace adjustment request. **I understand that I must seek the advice of Workplace Diversity & Inclusion in addition to the local HR Client Partner *prior to rejecting* the adjustments requested.**

I am not supporting this request for a workplace adjustment/s because: *please provide a rationale for not supporting this request, including an explanation why the workplace adjustment request was deemed unreasonable³.*

² "Disability" may include **permanent and temporary conditions which are physical, sensory, psychological/psychiatric, intellectual and/or neurological.**

³ You must be able to show that the adjustment would cause an unjustifiable hardship to UQ (as a whole) or that it would prevent the person from completing fundamental tasks (i.e. inherent requirements) of their role (rather than enabling them to do those tasks).

I am instead proposing the following workplace adjustment/s:

I am proposing alternative workplace adjustment/s because: *include a rationale that supports these alternative workplace adjustment/s*

If I am not supporting this request for a workplace adjustment, I confirm that I have spoken with HR about this decision and explored alternative options for meeting the needs of the staff member.

Supervisor signature:

digital signature accepted

Date:

Click or tap to enter a date.

Workplace Diversity and Inclusion signature:
(only required when requested adjustments have been rejected)

digital signature accepted

Date:

Click or tap to enter a date.