

## Request for Review (Campus Accommodation and/or Medical Separation)

(Note: A copy of this document will be provided to the employee if medical separation moves forward)

Employee Name:	Job Title:	Title Code:	Department:
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Step 1	Is protected leave for the current calendar year exhausted? (FMLA, CFRA, PDL) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not eligible (if not eligible, continue to Step 2)
	If no, do not proceed with this form. Consult your HR representative. If yes, provide the following, then continue to Step 2.
	<div style="display: flex; justify-content: space-between;"> <div>Start date (FMLA/CFRA): _____</div> <div>Start date (PDL): _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>End date (FMLA/CFRA): _____</div> <div>End date (PDL): _____</div> </div>

Step 2	Is supplemental leave for the current calendar year exhausted? (PPSM only) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not eligible (if not eligible, continue to Step 3)
	If no, do not proceed with this form. Consult your HR representative. If yes, provide the following, then continue to Step 3.
	<div style="display: flex; justify-content: space-between;"> <div>Supplemental leave start date: _____</div> <div>Supplemental leave end date: _____</div> </div>

Step 3	Is this a Workers' Compensation case? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If no, continue to Step 4.
	If yes, have you spoken with Disability Management Services (DMS)?

Step 4	What are the employee's current work restrictions and duration? Attach supporting documentation.

Step 5	Specify the essential job duties that the employee is <b>unable to perform</b> . Attach current job description (with all essential functions annotated) and PEM form.

Step 6	In the past 60 days, has the supervisor (or appropriate designee) engaged in the Interactive Process with the employee to discuss reasonable accommodation? <input type="checkbox"/> No <input type="checkbox"/> Yes
	<p>If no, do not proceed with this form. Initiate the Interactive Process and consult with your HR representative.</p> <p>If yes, provide date(s) of Interactive Process meetings and/or discussions:</p> <p style="padding-left: 40px;">Date(s):</p>

Step 7	Please describe all accommodations (including leaves of absence) provided, discussed, and/or considered. For each item, explain the reason for inability to accommodate.
	Leaves of absence (provide dates):
	Accommodations provided (list details, duration and outcome):
	Accommodations suggested by employee, but determined unreasonable by department (provide details and reasoning):
	Accommodations offered by department, but not accepted by employee (provide details and reasoning):

Step 8	Has the employee been notified in writing of this request for review for campus accommodation and/or medical separation? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If no, do not proceed with this form. Consult your HR representative. If yes, attach documentation.

Step 9	Briefly summarize the reasons why the department is requesting campus accommodation and/or medical separation.

Submitted by Department Management Representative:		
Name (print):	<i>I hereby certify that the above information is true and accurate.</i> Signature:	Date:

Reviewed by Appropriate Department HR Representative:		
Name (print):	Signature:	Date:

**Submit signed form and supporting documentation to the  
Campus Leave Management Committee by fax or mail:**

**Fax: Human Resources (642-2888)  
Mail: Human Resources  
2199 Addison Street, Room 192  
Berkeley, CA 94720-3540**

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For Committee Use Only

Reviewed by Employee Relations:		
Name (print):	Signature:	Date:

Reviewed by Disability Management Services:		
Name (print):	Signature:	Date: