

# ACCOMMODATION PLAN FORM

PLEASE FILL OUT ALL FIELDS AND SUBMIT TO HUMAN RESOURCES.

This form will be used in conjunction with the accommodation policy to outline specific workplace accommodations. All information contained in this form is confidential and will only be disclosed to persons assisting Human Resources in the accommodation process, as per FOIPPA legislation on privacy.

In the event that a request for accommodation is denied, Human Resources will contact the employee within 14 days providing a reason for the denial of the request. Please note that employees are entitled to have union representation in the development of the accommodation plan.

## PART ONE

### TO BE COMPLETED BY EMPLOYEE

Full Name:	Title & Department:
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Immediate Supervisor:	Assessment Date:	Assessment Completed By:
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Do you request participation from your Disability Management Representative?  Yes  No

Representative Name:

List specific types of accommodations requested:

List accessible formats needed (equipment that is needed, e.g. hearing devices, special computer equipment, etc):

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Human Resources, along with your manager/supervisor and/or employee group designate, will meet to review your accommodation request and, if need be, reach a resolution on accommodation details. Part Two below will outline the agreed upon accommodation. Where there is no agreement, this too shall be documented.

## PART TWO

### TO BE COMPLETED BY HR ADVISOR

Accepted?  Yes  No      Date of next review: \_\_\_\_\_

Full Name:	Other Review Participants:
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Accommodation agreed upon:

Alternative formats required:

Evaluation of impact to the College of accommodation (if any):

Additional information:

Workplace Emergency Response Information Plan required?  Yes  No

If no agreement on an accommodation, an explanation must be provided:

I have read and understand the College's policy on accommodation. I understand that the accommodation requested above may not be granted but that the College will attempt to provide a reasonable accommodation that does not create an undue hardship on Selkirk College.

\_\_\_\_\_  
Name of Employee      Date      Employee Signature

\_\_\_\_\_  
Name of Manager      Date      Manager Signature

\_\_\_\_\_  
Name of Human Resources Executive Director      Date      HR Executive Director Signature