REQUEST FOR WORKPLACE ACCOMMODATION FORM

PLEASE FILL OUT ALL FIELDS AND SUBMIT TO HUMAN RESOURCES.

HUMAN RESOURCES

Selkirk College

FOR CERTIFYING PROFESSIONALS: Selkirk College endeavours to provide reasonable accommodation to all employees. This information will be used to determine accommodation needs to enable our employee to continue in their position safely.

FOR EMPLOYEE: The employee is responsible for any costs associated with the completion of this form.

HR USE ONLY

Follow up date: _____

TO BE COMPLETED BY EMPLOYEE

For the purpose of determining my ability to safely perform my regular duties, I _____ consent to the release of information to my employer and the following individuals:

☐ Disability Management Representative (specific to your employee group): _____

☐ HR Director/HR Advisor: _____

Name of Employee	Date	Employee Signature
_____	_____	_____

TO BE COMPLETED BY QUALIFIED PROFESSIONAL

Full Name:	Phone Number & Email:

Based on the employee's medical condition, please comment on the following questions as related to the aforementioned employee and their ability to perform the tasks and duties related to their position with the College as: (see attached Job Description)

Impacts on daily work:

Prognosis/duration:

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ASSESSMENT OF WORK ABILITIES: TO BE COMPLETED BY QUALIFIED PROFESSIONAL

DEMAND	LIMITATIONS
☐ Twist / Turn	
☐ Bend	
☐ Climb	
☐ Walk	
☐ Sit	
☐ Squat	
☐ Stand	
☐ Balance	
☐ Push / Pull	
☐ Lift: ☐ Floor to waist ☐ Waist to shoulder ☐ Above shoulder	
☐ Work Hours	
☐ Work Shifts	
☐ Working at Heights	
☐ Neck	
☐ Shoulder	
☐ Wrist	
☐ Grip	
☐ Judgment	
☐ Ability to provide Supervision	
☐ Ability to provide Instruction	
☐ Public Contact	
☐ Multiple Tasks	
☐ Concentration	
☐ Hearing	
☐ Speech	
☐ Operating Machinery / Motor	
☐ Other	

Accommodations Required (please be specific):

☐ Reduced Workload Percent: _____

☐ Equipment Needed: _____

☐ Environmental Restrictions: _____

☐ Other: _____

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ESTIMATED DURATION OF RESTRICTIONS
☐ Days
☐ 2 - 4 weeks
☐ 4 - 6 weeks
☐ 6 - 8 weeks
☐ 8 - 10 weeks
☐ > 10 weeks
☐ Long Term, estimated weeks
☐ Permanent

This employee will have to attend appointments at the following intervals:

Additional Notes:

Name of Professional _____ Date _____ Professional Signature _____

STAMP
(If Applicable)