

Employee Request for Accommodation

To be filled out for all employees to begin the workplace accommodation process

Do not disclose private medical information on this form

To be filled out for medical accommodation request greater than 45 days and for all other requested for accommodations based upon restricted grounds as per Human Rights legislation.

Employee #		Employee Name	
Current Position Title		Current Status/FTE	
Current Union	Department/Portfolio	Zone	
<p>Which Human Rights ground(s) is your accommodation request related to?</p> <p><input type="checkbox"/> Sex, including gender identity, pregnancy and breastfeeding</p> <p><input type="checkbox"/> Religion</p> <p><input type="checkbox"/> Marital or Family Status</p> <p><input type="checkbox"/> Physical or Mental Disability</p> <p>Do you have medical documentation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other (<i>please specify</i>)</p>			
<p>In general terms, please describe the accommodation(s) you are requesting, including specific restrictions and limitations. Please note, do not disclose medical information on this form.</p>			
<p>How will this accommodation support your ability to perform the duties of your position?</p>			
<p>What is the time period/duration you expect will be needed for this accommodation, and which is supported by the documentation?</p>			

I understand that I am to fully participate in the accommodation process and that I have the following responsibilities:

- Consult with appropriate resources to determine if the proposed accommodation options meet my restrictions and limitations
- Cooperate and participate in any reasonable accommodation opportunity or other requirement in the accommodation process
- Sign the Return to Work Plan and/or accommodation letter that outlines the accommodation details
- Attend medical appointments, functional assessments, and/or other appointments as determined in the agreed upon Return to Work Plan
- Inform the Ability Advisor (medical) or Human Resources Advisor (nonmedical) if my restrictions or limitations change, and submit updated documentation
- Cooperate and maintain contact with Human Resources, my supervisor, benefit providers (if applicable), and the union (if applicable)
- Participate in modifying the Return to Work Plan if circumstances or needs change and the plan is no longer appropriate or required
- Comply with notice requirements for return to work set out under any applicable collective agreement or terms and conditions of employment
- When I am able, assist with the accommodation process by providing ideas for modification or adjustment of current position or identifying job postings if current position is not an option that fits within my restrictions and limitations.

This document has been presented to me and I have reviewed it.

Employee Signature

Date(*yyyy-Mon-dd*)

Received by Manager on (*yyyy-Mon-dd*)

Forwarded to HRCS Advisor on (*yyyy-Mon-dd*)