



INDIVIDUAL ACCOMMODATION FORM

Canada – Human Resources

Employee: _____ **Manager:** _____

Department: _____ **Date Requested:** _____

Please attach the accommodation request to this form and any supporting documentation.

Yes No

1. Provide details of accommodation provided, including timelines

Accommodation Requirement	Job Task Affected By Limitation	Accommodation	Accessible Format / Communication Support Required

2. Sources of documentation

Source	Name	Address	Telephone
Family Physician			
Specialist			
Human Resources			
Health & Safety			
Other (specify)			

3. Accommodation period

Accommodations are to be implemented from _____ to _____.

If no end date is expected, the next review of this accommodation plan will occur on _____.

(The accommodation plan will be reviewed annually, at a minimum.)

Provide details of process to be followed in case of emergency:

4. Outstanding actions needed to implement accommodations plan

Action	Assigned To	Due Date

The employer can request an evaluation by an outside medical or other expert, at the employer's expense, to assist the employer in determining if accommodation can be achieved and, if so, how accommodation can be achieved.

The **employee** can request the participation of a representative from their bargaining agent, where the **employee** is represented by a bargaining agent, or other representative from the workplace, where the **employee** is not represented by a bargaining agent, in the development of the accommodation plan.