



Accommodation Request Form

Employee Information

First and Last Name:	
Team/Department:	Email:
Position:	Supervisor/Manager:

Accommodation Plan

What task(s) or need(s) are impacted by the restrictions/limitations?	
Is the task or service essential? What modification options would ensure the individual is able to perform the task or access the building?	

Description of Accommodation Measure(s):

Requirement(s) or task(s) requiring accommodation	1	2	3
Objective of the accommodation			
Accommodation strategies & tools to facilitate task(s)			
Costs (if applicable)			

Roles & Responsibilities:

Outstanding actions to implement accommodation	
Assigned to: (name/position)	
Due date (yyyy-mm-dd):	
Timeline: Start Date (yyyy-mm-dd) _____ End Date (yyyy-mm-dd) _____	
Review Date (yyyy-mm-dd) _____	
Is this plan prepared for an employee with a disability who requires workplace emergency response information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate date when emergency response information provided to employee: _____	
If an employee, have you received an individualized emergency response accommodation plan and signed off on the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Signature: _____ Date: _____	
Employee's Signature: _____ Date: _____	

Notice of collection

The personal information on this form is collected under the authority of the Company XYZ Inc. and the Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, Chapter 11, Ontario Regulation 191/11, Integrated Accessibility Standards, s. 28, the Ontario Human Rights Code, R.S.O. 1990, Chapter H. 19, Part I and the Company XYZ Inc. Accommodation Policy. The information is used to assess and respond to requests for accommodation, and to document individualized accommodation plans.