

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?					
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? Yes 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.

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