



Accommodation Request Form

Applicant Information

First and Last Name:	
Are you an employee/or job applicant of the Company XYZ Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If an employee, please indicate: Team/Department:	Email:
Position:	Supervisor/Manager:

Identifying the Accommodation Requirement*

<p>Is your request for accommodation linked to one or more protected/prohibited grounds under the Ontario Human Rights Code?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, identify the protected/prohibited ground(s):</p> <p><input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Family Status <input type="checkbox"/> Gender expression <input type="checkbox"/> Gender identity <input type="checkbox"/> Sex (including pregnancy and breastfeeding) <input type="checkbox"/> Other prohibited ground _____</p>
<p>A. If you are a Company XYZ Inc. employee:</p> <p>What is the specific job duty/requirement you are unable to meet?</p> <p>_____</p> <p>_____</p>

What is the barrier or restriction (functional limitation) that prevents you from meeting that job requirement?

B. If you are a Company XYZ Inc. job applicant:

What part of the job application process are you unable to fully participate in?

What is the barrier or restriction (functional limitation) that prevents you from fully participating in that part of the job application process?

Additional Information

Note that requests for accommodation are required to include sufficient information, including objective documentation, to confirm the need for accommodation and the type of accommodation required. Supporting documentation must be verifiable.

List of supporting documentation attached to this Form:

Signature:

Date:

Company Use Only

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

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 appropriate)			

Roles & Responsibilities:

<p>Outstanding actions to implement accommodation</p>	
<p>Assigned to: (name/position)</p>	

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