



AFOA CANADA

Building a Community of Professionals

INDIVIDUAL ACCOMMODATION *Plan Template*

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DISCLAIMER

Each province or territory has its own guidelines and regulations in its respective employment standards legislation. This tool offers an overview of the general guidelines for common leave provisions, and you can check the specific regulations for your jurisdiction (province/territory/federal).

NOTE

This tool is meant to be a general template to be customized to your organizational needs, including the applicable legislation that governs the requirements of your organization. Any text found in [brackets] must be customized to your needs, and a thorough review of all guidelines herein should be considered carefully for alignment with your organizational values and needs.

As part of [EMPLOYER NAME's] ongoing commitment to employee health and wellness, the following is a tool to assist us in ensuring that the work you do with us continues to be safe and free from barriers due to any medical or health condition, disability, or other grounds protected under applicable human rights or occupational health and safety legislation.

When an employee experiences a need for accommodation in the workplace, it is important to recognize that each person's needs are unique and personal to them and the work they do. It is also important to recognize that a person may identify the need for accommodation at any stage during the employment relationship, be it in the initial recruitment stage, or after years of work with the organization.

This Individual Accommodation Plan form (the "form") can be used for existing employees or for new employees. Employees who require accommodation are encouraged to come forward to develop an Individual Accommodation Plan. This form will be used in conjunction with the [applicable workplace accommodation policies and procedures] to outline specific workplace accommodations for any of the protected grounds under the [applicable legislation for the jurisdiction, ie. Ontario Human Rights Act].

All information contained in this form will be confidential and will only be disclosed to those people who are assisting in the accommodation process. This form will be reviewed on an as-needed basis (on schedule with future medical reviews, or other), changes may be made to the Plan and agreed upon by both parties (the employee and employer). Review dates will be scheduled as part of the Plan, and all relevant parties will be notified in advance. A copy of this form will be provided to the employee for their personal records.

Please note: this form will be provided in alternative formats or with communication support upon request.

PART ONE

To be Completed by Employee

The first part of this form will be filled out by the employee to the best of their ability. The Manager will review this form and meet with the employee to determine possible accommodations. Employees will be consulted and kept informed throughout the process of their accommodation request. The Manager and HR, [or Executive Director, CEO, Chief and Council, as applicable] will determine the most appropriate accommodation.

DIRECTIONS

Please fill out the section below listing any accommodation request(s) and submit it to your Manager. Where information is not relevant, please insert N/A. If an assessment has been conducted, please attach a copy of the results to this form and fill out the pertinent sections.

EMPLOYEE SECTION

Employee Name

Date of Request

Manager Name

Proposed Timeline/ Duration
of Accommodation

Communication Plan

*(how often will you have updated info to offer,
or do you feel this plan should be reviewed?)*

What current barriers or challenges are you facing in your work?

What potential accommodation solutions do you suggest?

Please list accessible formats needed, as required.

(feel free to use a separate piece of paper if more space is needed)

I have read and understand [EMPLOYER NAME's Accommodation Policy]. I understand that the organization will attempt to provide reasonable accommodation that does not create an undue hardship for the organization.

Employee Signature

Date



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PART TWO

To be Completed by Manager/HR

The Manager will review the accommodation request with the necessary participants (e.g., Human Resources, Board of Directors, external experts) and determine the feasibility of the request. The employee's privacy, respect, and dignity are protected, however those who need to know information to support the process may be made aware.

EMPLOYER SECTION

Manager's Name

Other Required Participants

Date of Initial Review

Accommodation Request

Supporting Documentation Provided

Supporting Documentation Dated

Evaluation of
Accommodation Options

(consider external expert opinion, cost, team relationships, supplies/equipment, scheduling). Consider that there may be more than just the proposed option to accommodate the employee. Consult the employee where you have questions, or request documentation from a professional where required to identify the specific need or how you can best accommodate in the workplace.

Best Accommodation Option

Implementation Requirements/Potential Barriers
and Solutions

Timeline to Implementation

Communication Plan

(who, when, how)

Training Requirements

Reassessment Date

If not accepted, reason for denial (to be provided to employee)

HR/Manager Signature

Date



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PART THREE

Form Review and Agreement

Once Part One & Two have been completed, the employee and Manager/HR must meet to review the accommodation proposal and confirm the details. The below form will outline the agreed-upon accommodation(s).

ACCOMMODATION PLAN

Employee Name

Management Participant(s)

Date

Accommodation Details (how work or schedules will be adjusted to accommodate any limitations)

Implementation Plan (include a timeline)

Communication Plan (how/who/when will communication occur, when meetings will be, etc.)

If no agreement on an accommodation, an explanation must be provided below

Workplace Emergency Response
Information Plan Required.
(Do any emergency procedures need to be altered?)

Yes (Provide Details):

No:

Date of Next Review



INDIVIDUAL ACCOMMODATION PLAN

Acknowledgement

By signing below, I agree to this proposed accommodation plan, review schedule, and to provide supporting documentation if my needs change, or as requested by my Manager/HR to ensure the plan's success.

Employee Signature _____ Date _____

HR/Manager Signature _____ Date _____

Human Resources _____ Date _____

NOTE

Provide a copy of this signed form/Plan to the employee for their personal records.

COMMUNICATIONS LOG

Communications Made By

Employee Name

Manager Name

Accommodation Timeline

(effective date, proposed end date)

(effective date, proposed end date)

[illegible]