

**Individual Workplace Accommodation Plan (Confidential)**

**Employee' Name:** \_\_\_\_\_ **Extension:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Faculty/Department:** \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Union Representative (if applicable):** \_\_\_\_\_

**Ground for accommodation:** \_\_\_\_\_

**Accommodation Plan Meeting Date:** \_\_\_\_\_

**Accommodation Plan Meeting attended by:**  
\_\_\_\_\_

**Restrictions/Limitations:**  
\_\_\_\_\_  
\_\_\_\_\_

**Position-related tasks affected by limitations:**  
\_\_\_\_\_

**Comments/strategies/tools:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodation measures implemented:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summary of supporting information and documentation (medical or other):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodation measures are to be implemented from:** \_\_\_\_\_ (insert start date) **to:** \_\_\_\_\_ (insert end date)

**Does the employee require individualized workplace emergency response information?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_

If yes, Human Resources will initiate an individualized plan with the Office of Security, Parking and Emergency Preparedness.

**Plan Review Date:** \_\_\_\_\_ (insert review date)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

**This plan is available in an accessible format or with communication supports.**