

MyHealth Centre is committed to accommodating people with disabilities and will use the following process to identify and meet employee accommodation needs.

1. Recognizing the Need for Accommodation

Accommodation can be:

- Requested by the employee
- Identified by the employee's supervisor.

2. Gathering Relevant Information and Assessing Individual Needs

The employee is an active participant in this step

- Information will be collected on the employee's functional abilities, not the nature of the employee's disability
 - The employee's personal information, including the medical information, if any, are kept secure and dealt with in a confidential manner. It will only be disclosed to individuals who need it to perform the accommodation process.
- The employee and his/her supervisor will work together to find the most appropriate accommodation
 - A medical or other expert may be engaged at the company's expense to help determine if/how the employee's needs can be accommodated
 - The employee may ask a workplace representative, where applicable, to participate in the process.

3. Individual Accommodation Plan

After identifying the most appropriate accommodation(s), the details will be documented in a written plan, including:

- What accommodation(s) will be provided
- How to make information accessible to the employee, including accessible formats and communication supports
- Employee emergency information and/or emergency response plan (if applicable)
- When the plan will be reviewed and updated

The supervisor shall provide the employee a copy of the individual accommodation plan, or written reasons for denying accommodation.

4. Implement, Monitor and Update the Plan

After implementing the accommodation plan, the employee and the supervisor will monitor and review the plan to ensure that it is effective. Formal reviews and updates will take place on the mutually agreed upon, predetermined schedule in the employee's accommodation plan. If the accommodation is no longer appropriate, the employee and the manager will reassess the situation (step 2) and update the plan.

The accommodation plan will also be reviewed and updated if:

- The employee's work location or position changes
- The nature of the employee's disability changes

Confidential when completed

EMPLOYEE INFORMATION

Last Name	First Name
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Title/Department

MANAGER INFORMATION

Last Name	First Name
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Title/Department

ACCOMMODATIONS

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
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NEXT PLAN REVIEW

Date (yyyy/mm/dd)	OR	Frequency
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Limitations

List any functional limitations that the employee experiences, how it affects different aspects of his/her job and if each task is an essential part of the role.

1. Limitation

Tasks/Activities Affected

Essential Job Requirement?
 Yes No

2. Limitation

Tasks/Activities Affected

Essential Job Requirement?
 Yes No

Accommodations

Using the list of tasks from the prior limitations section, identify what types of accommodation or support would help the employee accomplish the task. List a strategy or tool that will provide that accommodation.

1. Task

What Must the Accommodation Achieve?

Accommodation Strategy

2. Task

What Must the Accommodation Achieve?

Accommodation Strategy

Implementation

List the actions required to achieve the accommodation(s) identified in the prior section.

1. Action

Assigned To

Due Date (yyyy/mm/dd)

Date Completed (yyyy/mm/dd)

2. Action

Assigned To

Due Date (yyyy/mm/dd)

Date Completed (yyyy/mm/dd)

Information Sources

Identify and include the contact information for any experts consulted when building the plan (e.g. human resources manager, family doctor, specialists).

1. Last Name	First Name
Title/Role	
Email Address	Telephone Number
2. Last Name	First Name
Title/Role	
Email Address	Telephone Number

Related Documents

Attach any additional documents required to support the employee.

- Employee Emergency Plan (if applicable)
- Accessible format of the Individual Accommodation Plan (if needed)
- What type(s) of accommodation formats and/or communications support the employee needs (if requested)
- Return to work plan (if applicable)
- Other (specify): _____

Comments/Notes

Use this section for any additional information (e.g. details of alternative work arrangements, budget code for accommodation costs, etc.)

Signatures	
Employee's Signature	Date (yyyy/mm/dd)
Manager's Signature	Date (yyyy/mm/dd)