

# **Employee Accommodation Fund Guidelines**

## Part 1 - Overview of Fund

The purpose of this Fund is to provide an additional source of financial assistance for the purchase of supplies, equipment or related services for the department/unit. The intent is to support the provision of workplace accommodation for persons with disabilities, and to ensure the process is respectful of the needs of the person requiring accommodation. The University recognizes the duty to accommodate, therefore, units should ensure employees feel unencumbered and supported when making a request for accommodation. The Fund is intended to support the University's vision of an accessible and inclusive work environment. The purpose of the Fund is not to determine the requirements of an accommodation request. Prior to making application to the Fund, the need for an accommodation request must be established by the department/unit with supporting medical documentation provided as needed.

- The applicant to the Fund is the employing department/unit, not the individual in need of accommodation;
- Application to this Fund should only be made once the accommodation process has commenced and
  has been agreed to by all parties involved in the process (See Guidelines: Accommodation in
  Employment for Persons with Disabilities);
- The Fund is a cost-share program and the applying department/unit will be responsible for any outstanding amounts not covered by the Fund; Outside/Alternative sources of funding should be considered before applying to the Fund (e.g., WSIB, Ontario Disability Support Program (ODSP), Ontario Assistive Devices Program, etc...);
- Departmental/Unit budgetary restrictions cannot be a reason to deny a request. If the costs of providing necessary accommodations are prohibitive, discussions must take place with the Department of Human Resources and the Office of Human Rights, Equity and Accessibility (OHREA); and
- To obtain additional information, please contact OHREA at ohrea@uwindsor.ca or visit the website for information concerning the University of Windsor Accessibility Policy at www.uwindsor.ca/ohrea

#### Scope:

The Fund applies to:

- A disability which can be permanent, episodic, chronic, or temporary, requiring a long-term or short-term accommodation (See University of Windsor Accessibility Policy for full definition of disability);
- All employees of the University with a disability in order to: retain their position; be promoted into a position for which they are deemed as the most suitable candidate; or qualify for advancement in the workplace;
- Job applicants of University of Windsor with a disability to be: recruited for a job competition; interviewed; or hired for a position for which the candidate is qualified.

#### The EAF will:

• Cover the **difference** in cost between standard equipment or operations and the cost to address an accommodation;

- Cover costs relating to **acquisition** of equipment and physical alterations, special equipment, or one-time expenditures (e.g. furniture, hearing transmitter);
- Support funding for one-time services such as sign-language interpreters or required training to use software.

### The EAF does not:

- Support the purchases of ergonomically designed computer workstations and chairs the provision of ergonomic workstations is the responsibility of the department and should be budgeted as part of the normal University budget process, and acquired in a manner consistent with the University's Purchasing Policy. However, exceptions may be made if it is evident that this equipment need is directly related to a disability and job functions cannot be performed otherwise.
- Cover costs for minor accommodations (e.g., electronic staplers)
- Cover costs of equipment required for activities of daily living (e.g., eyeglasses, wheelchairs, and orthotics).

## Part 2 – Application

- The department/unit is to complete a separate form for each individual accommodation required;
- Applications to this Fund are to be completed with consultation between the person requiring the accommodation and the Manager/Supervisor or Unit Head. Consultation may include the Department of Human Resources, Union representation, OHREA and/or the Office of the Provost.
- One signed copy of the application and documentation detailing the required item(s) is to be submitted to the Office of Human Rights, Equity and Accessibility

### Part 3 – Review and Response

- OHREA will acknowledge receipt of the application.
- OHREA will forward a de-attributed copy of the application to the Accessible Employment Committee for consideration. The Committee is responsible for reviewing the application in a timely manner and making a funding recommendation to the Director of the Office of Human Rights, Equity and Accessibility. Any follow-up of application status will be provided by OHREA.
- The unit receiving funds will confirm expenditures once the accommodation has been met and provide OHREA with copies of receipts for item(s) purchased through the Fund.
- All purchases from the Fund remain the property of the University but will transfer with the employee as long as they are employed by the University and are in need of the equipment.

# EMPLOYEE ACCOMMODATION FUND - APPLICATION

| Instructions for Submission   |                              |                  |                      |       |
|---|------------------------------|------------------|----------------------|-------|
| Please submit the completed and signed form to the Office of Human Rights, Equity and Accessibility, along with any necessary supporting documentation.   |                              |                  |                      |       |
| EAF Code # 20(to be assigned by OHREA)  |                              |                  |                      |       |
| Confidentiality of Information  |                              |                  |                      |       |
| Personal information concerning an employee's disability cannot be released without the prior written consent of the individual and must be managed in a manner that is consistent with Freedom of Information Guidelines and Personal Information Protection Guidelines, where appropriate. In order to facilitate this Employee Accommodation Fund process, the person requiring the accommodation will not unreasonably withhold such information. |                              |                  |                      |       |
| Types of Accommodation Required   |                              |                  |                      |       |
|   |                              |                  |                      |       |
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|   |                              |                  |                      |       |
|   |                              |                  |                      |       |
| Describe each item and/or service required and how it meets the accommodation objectives for this individual (e.g.,   |                              |                  |                      |       |
| computer screen reader enables the applicant to review computer material with speed and efficiency comparable to  |                              |                  |                      |       |
| office colleagues). Indicate the options that were explored. Attach supporting documentation such as pricing/ model etc. if applicable. Where applicable, demonstrate the difference between cost of standard equipment/services and the  |                              |                  |                      |       |
| cost to address this accommodation (e.g standard monitor and monitor to support vision loss).   |                              |                  |                      |       |
| <b>Requesting Department:</b>   | Departmental/Unit Head Name: |                  | Telephone and Email: |       |
| James & James   |                              |                  |                      |       |
| Amount Requested:   | Signature:                   |                  | Date:                |       |
| _   |                              |                  |                      |       |
| For OHREA Office Use  |                              |                  |                      |       |
| Accessible Employment Committee Recommendation:   |                              |                  |                      |       |
|   |                              |                  |                      |       |
| ☐ Approve ☐ Deny (please explain)   |                              |                  |                      |       |
|   |                              |                  |                      |       |
| Accessibility and Human Rights Manager Name:  |                              | Signature:       |                      | Date: |
|   |                              |                  |                      |       |
| OHREA Director Signature:   |                              | Amount Approved: |                      | Date: |
|   |                              |                  |                      |       |

