



Part 1 – Overview of Fund

The purpose of this Fund is to provide an additional source of access to financial assistance for the purchase of supplies, equipment or related services (e.g. required training to use software) 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 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 process of accommodation has commenced and has been agreed to by all parties involved in the process;
- Departments/Units are responsible for the remaining portion of the cost share of the accommodation;
- 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

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.

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

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.

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Requesting Department:	Departmental/Unit Head Name:	Telephone and Email:
Amount Requested:	Signature:	Date:
For OHREA Office Use		
Accessible Employment Committee Recommendation:		
<input type="checkbox"/> Approve <input type="checkbox"/> Deny (please explain)		
Accessibility and Human Rights Manager Name:	Signature:	Date:
OHREA Director Signature:	Amount Approved:	Date: