

Employee Request for Workplace Accommodation Form Department of Human Resources

Workplace accommodation refers to the University's obligation under the Ontario Human Rights Code to prevent and remove barriers and provide reasonable accommodation to the point of undue hardship. The purpose of this form is to gather the information required to initiate and facilitate the accommodation process in a timely manner under one or more grounds of the Code. Each accommodation request will be considered on an individual, case-by-case basis in order to determine the most reasonable and appropriate accommodation based on the employee's individual circumstances. Please refer to the Workplace Accommodation Guidelines for an overview of the workplace accommodation process including the responsibilities of Human Resources, supervisors, employees and the union (if applicable).

Please submit the completed form via e-mail to your immediate supervisor. Your supervisor will then contact Human Resources to facilitate the accommodation process. As with all personnel matters, the University will maintain the confidentiality of the information related to an accommodation request. By submitting this form, you consent to disclosing the information provided in this form to the parties that need to be engaged in the accommodation process (i.e., supervisor, Human Resources, and the union - if applicable).

Should you have any questions or need assistance completing the form, please reach out to your supervisor, union representative (if applicable) or the applicable Labour Relations Manager or Human Resources Manager (Managerial and Professional Group).

Date:		
Name:		
Position:	Department:	
 Which Human Rights ground(s) is your accommodation request related to? Disability and/or medical condition 		
Religion Marital or family status		
Not sure Other (please specify):		

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2.	Please describe the reason(s) you require an accommodation to perform the duties of your position as outlined on the job description. Please note: If the request is as a result of a medical condition/disability, please refer to page 2 for more information. If the request is childcare/eldercare related (family status) please indicate what alternative arrangements have been explored to balance your caregiving and work responsibilities (i.e., daycare, summer camps, shared responsibilities with partner, family and/or friend support, etc.)
3.	Please describe the type of workplace accommodation that you are requesting. If you are not sure, describe what kind of accommodation you think will be helpful based on your individual circumstances.

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4.	How will your requested accommodation(s) support your ability to perform the duties of your position in accordance with your job description?
5.	What is the expected duration/time period for this accommodation?
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Me	edical Accommodation Requests
req you res	dical documentation from your medical practitioner will be required to substantiate any medical accommodation uests. The University will need to understand the medical restrictions or limitations that you are experiencing from ir medical condition, illness, or injury as they relate to your ability to attend work and/or perform the duties and ponsibilities outlined in your job description. Information regarding your prognosis, but not the actual medical dition, will also be required.
	not submit any medical documentation with this form. Human Resources will contact you to discuss the required dical documentation.
	Please submit the completed form via e-mail to your immediate supervisor. All requests will be acknowledged in a confidential and timely manner.

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