

## REQUEST FOR ACCOMMODATION

(If you have questions, contact us via e-mail at DUTY TO ACCOMMODATE / OBLIGATION MESURE D'ADAPTATION)

### Part I: Notification of Accommodation Need (To be completed by employee)

**Name:**

**Branch:**

**Phone number:**

**Date request completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of employee:**

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**Describe request or need to be addressed:**

**Note: If appropriate, please attach supporting documentation.**

**Name of supervisor:** \_\_\_\_\_

**Signature of supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part II: Clarification of Need (To be completed by Human Resources and/or Assets Management)**

Describe actions taken to clarify both the need and the potential means of accommodation including advice sought from experts:

**Professional assessment being requested:** \_\_\_\_ Yes    \_\_\_\_ No

**Date professional assessment requested:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date professional assessment report received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III: Report on Outcome of Accommodation Request (To be completed by Human Resources and/or Assets Management)**

1. Was an accommodation provided: Yes / No  
(If no, go to question 7)
  
2. If yes, describe the accommodation provided:
  
3. What was the dollar cost (if any) of this accommodation?    \$\_\_\_\_\_
  
4. Is this an accommodation usable only by the individual staff member  
(e.g. a specific computer screen, approval of particular leave, etc)? Yes / No
  
5. Was this the accommodation requested by the employee? Yes / No
  
6. Date accommodation implemented: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Go to question 11)
  
7. If the answer to Question 1 was no, please provide the reasons that the  
accommodation was not provided: (please attach relevant additional material)
  
8. Who authorized the decision not to provide an accommodation: \_\_\_\_\_
  
9. Has the employee been advised of the outcome of the request? Yes / No
  
10. Has the employee been advised of their appeal and complaint rights? Yes / No
  
11. Date the employee was advised: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of person completing PART III:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_