**Workplace Accommodation Request Form**

Employees may request an accommodation of their work at any time. In order for the University to start the accommodation process, please provide the following information to assist in identifying potential solutions:

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| **Employee Name:** |  |
| **Department:** |  |
| **Job Title:** |  |
| **Contact Phone:** |  |
| **Supervisor:** |  |

1. Please describe the nature of your disability that has motivated your request for accommodation (i.e. mobility, visual, hearing, upper extremity, scheduling, psychological, etc.)

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1. For what duration will you require the accommodation?

– Temporary (please describe):

– Permanent (over 1 year)[[1]](#footnote-1)

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1. Is this request time sensitive? If yes, please explain.

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1. What specific areas of your work duties/job function/workplace are you experiencing barriers?

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1. What, if any, opportunities related to your employment are you having difficulty accessing (e.g. town hall meetings, extra-curricular/social activities, professional development opportunities, fitness facilities, amenities, career development, etc)?

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1. What limitation(s) is interfering with your ability to perform your job, or access an opportunity related to your employment?

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1. Do you have any concerns regarding your safety while attending your workplace? If yes, please explain.

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1. Do you require any accommodations/assistance in the event of an emergency (i.e. read /access emergency information, activation of our fire/security alarm system, using emergency exits, etc)?

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1. Have you received any accommodation in the past for a similar condition/situation? If yes, what were they and was it effective?

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1. Please provide any additional information that may be useful in processing your Accommodation request

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**\*\*Please note:** The University will work with each individual to provide a reasonable accommodation solution. It is your responsibility to participate in the accommodation process, including review of all reasonable, appropriate accommodation options. Your request may require the submission of identifiable, verifiable medical documentation indicating functional restrictions and limitations to Occupational Health to assist with identifying reasonable accommodation solutions.

**Personal Information Consent**

Your personal information, including personal health information, is being collected for the purpose of administering sick leaves, developing return to work plans and developing reasonable accommodation solutions. Your personal information will only be collected, used and disclosed for this purpose.

Your personal information regarding your functional abilities, restrictions and/or limitations may be shared with your manager, Human Resources, Safety Office, relevant University of Waterloo departments and/or third party independent health care practitioners only for the purposes set out above.

Your consent for the collection, use and disclosure of your personal information may be withdrawn. However, withdrawing your consent may jeopardize your return to work and/or accommodation solutions.

You have the right to access your personal information. Access requests are to be directed to the Occupational Health Manager. You also have the right to correct your personal information. Correction requests are to be directed to the Occupational Health Manager. Information relating to observations or opinions will not be corrected.

The University of Waterloo has security measures in place to protect your personal information against theft, loss and unauthorized use or disclosure. Your personal information, if any, will be retained within Occupational Health in accordance with applicable privacy legislation and the University of Waterloo retention policy.

Complaints on the personal information practices of Occupational Health can be directed to the University of Waterloo Privacy Officer or the Information Privacy Commissioner of Ontario ([ipc.on.ca](file:///C:\Users\kparkins\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\M8NKZGZ2\ipc.on.ca)).

Further details regarding the University of Waterloo’s information management practices can be found in Policy 46 – Information Management.

**Confirmation**

By signing below, I agree to participate fully in the accommodation process, including review of all reasonable, appropriate accommodation options. I confirm that I have reviewed the Personal Information Consent section above, and consent to the collection, use and disclosure of my personal information by Occupational Health.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If applicable:***

***I authorize Occupational Health to share this completed form with my treating health care practitioner, and for my practitioner to release verifiable medical information to Occupational Health in order to aid in developing an accommodation solution for my work at University of Waterloo***

*Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Signature Date*

Upon completion, please forward this form to Occupational Health at: [occupationalhealth@uwaterloo.ca](mailto:occupationalhealth@uwaterloo.ca) or Fax 519-888-4377

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1. Permanent accommodations are subject to annual review of the effectiveness of accommodation solutions, which may include submission of updated information by any party [↑](#footnote-ref-1)