



WORKPLACE ACCOMMODATION REQUEST FORM

Use this form to request a human rights related accommodation as per the Workplace Accommodation Policy and Procedures.

Submit the form to your immediate supervisor/management personnel and submit a copy to Sarah Hugenholtz at hr@yorkvilleu.ca.

Please note that documentation related to your request may be needed. Any documentation of a personal or medical nature can be submitted to the Human Resources department, who will share (as appropriate) only information related to any work-related restrictions or circumstances that require accommodation. The confidentiality of your personal and/or medical information will be safeguarded by the Human Resources department in accordance with privacy regulations.

Employee Information

Name of Employee:

Gender pronouns (he/his, she/her, they/them, etc.) (Optional):

Position and Department/Program:

Contact information:

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Accommodation Details

1) Which human rights ground(s) is/are your accommodation request related to?

Disability

Do you have medical confirmation of the disability? Yes No

(If yes, please attach the Workplace Accommodation for Employees with Disabilities Form. Medical diagnosis is not required. We do however require information on the nature of the disability, its restrictions/limitations in relation to work duties, as well as the prognosis.)

Creed/Religion

Family status

Employees seeking accommodation for childcare or eldercare may be expected to make reasonable efforts to first avail themselves of outside resources available to them prior to making an accommodation request. As such, we kindly ask that you indicate in the body of this request whether alternative arrangements have been explored to balance your caregiving and work responsibilities (e.g., daycare, babysitting, shared responsibilities with partner, partner request for accommodation with their employer, family and/or friend support).

Sex (including pregnancy, and breastfeeding)

Gender identity and/or gender expression

Other human rights ground(s) (please specify):

2) Describe the type of workplace accommodation being requested (e.g. flexible scheduling, assistive technology, workstation adjustments, alternative format, etc.).

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3) Describe why the accommodation is required to perform your job duties (list the functional limitations and/or systemic barriers). Note, if the limitations are as a result of a medical condition, we do not require, nor ask for diagnosis information. Please see the section above on disability accommodation requests.

4) What is the time period/duration you expect will be needed for this accommodation?

5) Please provide any suggestions you have about what accommodations options we can explore, and any additional information that may be useful in processing your accommodation request. Please attach any relevant information/further pages if applicable.

Employee Acknowledgement & Agreement regarding Confidentiality

I understand that the personal information related to my workplace accommodation request, including any supporting documentation, shall be treated as strictly confidential, and shall not be disclosed to other persons without my consent. Information collected will remain separate from my employee file. I understand that, in order to implement any workplace accommodations, basic information may need to be shared with my immediate supervisor or others involved in the accommodation only to the extent necessary and only with my consent.

Signature:

Date: