

## Individual Accommodation Plan - Form

Confidential when completed

### Employee Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title/Department \_\_\_\_\_

### Manager Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title/Department \_\_\_\_\_

### Accommodations

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Next Plan Review

Date \_\_\_\_\_ or Frequency \_\_\_\_\_

### Limitations

List any functional limitations that the staff member experiences, how it affects different aspects of their job and if each task is an essential part of the role.

Limitation

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Task Affected

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Essential Job Requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_



**Accommodations**

Using the list of tasks from the above section, identify what types of accommodation or support would help the employee accomplish the task. List a strategy or tool that will provide that accommodation.

Task

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What must the accommodation achieve?

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Accommodation Strategy

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**Implementation**

List the actions required to achieve the accommodation(s) identified in the prior section.

Action

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Assigned to

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Due date\_\_\_\_\_

Date Completed\_\_\_\_\_

**Information Sources**

Identify and include the contact information for any experts consulted when building the plan

Last Name\_\_\_\_\_

First Name\_\_\_\_\_

Title/Role\_\_\_\_\_

Email Address\_\_\_\_\_

Telephone\_\_\_\_\_

### Related Documents

Attach any additional documents required to support the employee

- Employee Emergency Plan (if applicable)
- Return to Work Plan (if applicable)
- Individual Accommodation Plan (if needed)
- Others (Specify)

### Comments/Notes

Use this section for any additional information or notes

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### Signature

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

