

Workplace Accommodation Request Form

In support of the Workplace Accommodation Policy and Procedure, the following form is to be completed by Employee to initiate an Accommodation request.

Under the Ontario Human Rights Code, the Employer and Employee have a shared responsibility to engage and participate in the accommodation process. Please note that upon review of the completed form, further information and/or documentation may be requested.

This form is to be completed by the Employee requesting an Accommodation based on a Protected Ground, as per the Accommodation Policy, and submitted to their supervisor.

Employee Section

Employee Number	First Name	Last Name		
Position	Department			
Office Location	Manager/Leader Name			
Full-time	Part-time			
Employee Classification	Regular Scheduled Hours of Work			
Normal Work Week:	Sunday	Monday	Tuesday	Wednesday
	Thursday	Friday	Saturday	

Which protected ground(s)* forms the basis of this Accommodation request?

*Disability: For disability-related accommodation requests, medical information is required. To maintain confidentiality medical information is shared directly with Employee Wellness Services, employee.wellness@queensu.ca

For clarity, if you are requesting accommodation related to a Disability or medical condition, please indicate the limitations due to the medical condition, you do not need to disclose your diagnosis,

Please answer the following questions as they relate to the above protected ground(s):

Employee Obligations

What are the job duties or requirements that you are unable to perform/meet without the requested accommodation?

Please describe the accommodation you are requesting and how it will assist.

Are there any other accommodations that could assist you besides your preferred one?

For how long is the accommodation required?

Please provide any additional information that may assist us in considering your accommodation request:

Employee Acknowledgement and Signature

I understand that Queen's University will use the information provided in this form to consider, assess, develop and explore options for family status accommodation and related purposes. I also understand that further information, including personal information, and documentation, such as information from third parties, may be required by Queen's University to substantiate the request and facilitate the family status accommodation process. The information I have provided in this form is accurate and I agree to inform Queen's University as soon as possible if there is a change in my circumstances as set out above.

I have read and understand the Workplace Accommodation Policy and Procedure. I understand that the University will attempt to provide reasonable accommodation but that this request may not be granted should it be proven to cause the University undue hardship as per the applicable legislation/policy.

For Disability Related Request: I confirm that I have forwarded the relevant medical documentation to Employee Wellness Services.

Date

Employee Signature