



## Employee Individual Accommodation Plan

Accommodation ensures that workers with disabilities have the tools they need to succeed and helps employers hire or retain talented, competent, and creative workers with disabilities.

Date (when the form was submitted):

Employee name:

Employee position and department:

Manager/Supervisor name:

Manager/Supervisor position and department:

Start date of accommodations:

End date of accommodations (if applicable):

Date when the accommodations plan (abilities and/or restrictions) will be reviewed and/or updated:

Other information (emergency contact information, contact information for those involved in the plan, employee's schedule, budgetary implications, etc.)

Tasks	Job functions	Accommodations	Strategies	Actions
Tasks the worker performs differently (climbing stairs, reading, organizing)	All job functions involving those tasks (entering the workplace, written communication with employees and customers, multi-tasking) what job functions are essential?	List accommodations that would allow the worker to perform each function (moving throughout the workplace without using stairs, written communication in accessible formats, prioritizing tasks)	Outline strategies for these accommodations (install a ramp at the front door and meeting on the first floor, digital versions of documents using email and screen reading software, calendars and flowcharts with tasks and priority levels)	Actions needed to implement these strategies (assign someone to install a ramp and select the meeting place, purchase the screen reader software, buy calendar system) who is responsible for these actions?

How the employer will provide accessible workplace information (if applicable):

How the employer will provide emergency information in an accessible format (if applicable):

Employee signature:

Manager/Supervisor signature:

Accessibility Coordinator signature:

Other signature(s) (if applicable):

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act. Information contained herein will remain confidential and may be released to appropriate personnel for the purpose of the Employee Individual Accommodation Plan only. Questions about said collection should be directed to the Clerk at (519) 793-3522, X236 or via email at [clerk@northernbruce.ca](mailto:clerk@northernbruce.ca).