

Individual Accommodation Plan

Following a Workplace Accommodation Request and assessment, this form is to be completed by the employee in partnership with management, with input as needed from Human Resources and union representatives.

For assistance, please contact humanrights@flemingcollege.ca

Employee Information

First Name:	Last Name:
Job Title:	Division:
Employee ID #:	Email Address:

Management Information

First Name:	Last Name:
Job Title:	Division:
Email Address:	

Applicable Protected Ground(s)

<input type="checkbox"/> Family Status <input type="checkbox"/> Creed <input type="checkbox"/> Gender Identity/Gender Expression <input type="checkbox"/> Sex and/or Pregnancy <input type="checkbox"/> Other: _____
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Identified Barriers:

Recommended accommodation(s) and respective accountabilities:

**Follow-up Schedule:**

If known, how long will accommodations last?

Follow up meetings will be scheduled:

- As needed
- Weekly
- Bi-Weekly
- Monthly
- Semester
- Yearly

Agreement

The goal of the Individual Accommodation Plan is to support the accommodation need by removing barriers and providing reasonable accommodations to support the employee in meeting the expectations of the job requirements.

The following parties have agreed to this plan (please sign and date):

Employee: _____ Date: _____

Manager/Supervisor: _____ Date: _____

Plan Approved by Human Resources: _____ Date: _____