

Reasonable Accommodations Agreement

The purpose of this agreement is to:

- Ensure that both parties, the individual and the employer (supervisor), have an accurate record of what has been agreed to as far as reasonable accommodations for employment.
- Minimize the need to re-negotiate reasonable accommodations every time the employee changes jobs, is re-located or assigned a new manager within the organization.
- Provide employees and their supervisors with the basis for discussions about reasonable accommodations at future meetings.

This is a living document and should be reviewed regularly by both the employee and the supervisor and amended as appropriate.

This agreement allows employees to:

- Explain the impact of your disability on you at work.
- Suggest accommodations that will make it easier for you to do your job.
- Offer further information from your doctor, specialist, or other expert.
- Request an assessment by occupational health, or another expert.
- Review the effectiveness of the accommodations agreed upon.
- Explain any change in your circumstance.
- Be reassured that your supervisor knows what to do if you become unwell at work and who to contact if necessary.
- Know how and when your supervisor will keep in touch with you if you are absent from work because of illness or a disability related reason.

The agreement allows the supervisor to:

- Understand how a particular employee's disability affects them at work.
- Explain the needs of the business or organization.
- Explain the organization's attendance and reasonable accommodation policy.
- Recognize signs that an employee might be unwell and know what the employee wants you to do in these circumstances including who to contact for help.
- Know how and when to stay in touch if the employee is out sick.
- Consider whether or not the employee needs to be referred for an assessment by an occupational health or another advisor to help both parties understand what accommodations are needed.
- Review the effectiveness of the accommodations already agreed upon. Explain any change in the employer's circumstances.

RETURN TO WORK



For Survivors

Reasonable accommodations agreement

This is a record of the reasonable accommodations agreed between _____
(employee's name) and _____ (supervisor's name) of
_____(company). Date _____

This agreement may be viewed and amended as necessary with the agreement of both parties:

- At any regular one-on-one meeting
- At a return-to-work meeting following a period of sickness/absence.
- At a six month and/or annual evaluation
- Before a change of job, duties, introduction to new technology, or ways of working.
- Before or after any change in circumstances for either party.

Employee

My disability in the workplace

My disability has the following impact on me at work	Date:

I need the following reasonable accommodations:	Date implemented:

RETURN TO WORK



For Survivors

Wellness at work

On a "good day" my disability has the following impact on me at work

When I am not performing up to expectations. The following symptoms are indications that I am not well enough to be at work

Emergency contacts

If I am not well enough to be at work I give permission for my supervisor to contact 911 and/or any of the following emergency contacts in the order of preference indicated below:

Preference 1

Name:

Relationship:

Telephone:

Preference 2

Name:

Relationship:

Telephone:

Preference 3

Name:

Relationship:

Telephone:



RETURN TO WORK


For Survivors

I will let you know if there are changes to my condition which have an effect on my work and/or if the agreed accommodations are not working. We will then meet in a private setting, away from co-workers, to discuss any further reasonable accommodations or changes that should be made.

If you notice a change in my performance at work or feel the reasonable accommodations are not working I will meet with you privately to discuss what needs to be done.

Supervisor

Keeping in touch

If you are absent from work on sick leave or for a reason relating to your disability for more than __ days and have followed the usual procedures for notifying the organization of your absence I will keep in contact with you in the following way:

Who will contact whom?
How will contact be made? (email, telephone, text)
How often? (daily, weekly, monthly)
When? (preferred day and time)

Conversations while you are on sick leave

These are topics we have agreed we will discuss while you are absent, for example:

- How you are feeling
- What I can do to help
- Current work assignments
- Planned for returning to work (phased in if necessary)
- Return to work date

Return to work

When you are ready to return to work after a period of sickness or disability-related absence of more than __days we will meet to review this agreement and make any necessary adjustments.

At this return to work meeting we will also discuss:

For example:

- Current work issues
- A phased return/back to work plan
- What to tell the team

RETURN TO WORK



For Survivors

- Assessments to review existing reasonable accommodations and identify new accommodations that might be needed.

Unauthorized absences from work

If you are absent from work and have not followed usual procedures for notifying us that you are sick or absent for a reason relating to your disability we have agreed that I will do the following:

For example:

- Try to contact you by your preferred method and/or notify your emergency contact whose up-to-date details are as follows:

An up-to-date copy of this form will be retained by employee/supervisor/HR.
A copy of this form may also be given to a new or prospective supervisor with the prior consent of the employee.

Employee signature: _____

Date: _____

Employer signature: _____

Date: _____