



INDIVIDUAL ACCOMMODATION PLAN PROCESS

The Municipality of Mississippi Mills is committed to accommodating people with disabilities and will use the following process to identify and meet employee accommodation needs.

1. Recognize the need for accommodation

Accommodation can be:

- Requested by the employee
- Identified by the employee's manager or hiring manager

2. Gather relevant information and assess individual needs

The employee is an active participant in this step.

- Information will be collected on the employee's functional abilities, not the nature of the employee's disability
 - The employee's personal information, including medical information, is kept secure and dealt with in a confidential manner. It will only be disclosed to individuals who need it to perform the accommodation process.
- The employee and his/her manager will work together to find the most appropriate accommodation
 - A medical or other expert may be engaged (at the company's expense) to help determine if/how the employee's needs can be accommodated.
 - The employee may be asked a bargaining agent or other workplace representative to participate in the process.

3. Write an individual accommodation plan

After identifying the most appropriate accommodation(s), the details will be documented in a written plan, including:

- What accommodation(s) will be provided
- How to make information accessible to the employee, including accessible formats and communication supports
- Employee emergency information and/or emergency response plan (if applicable)
- When the plan will be reviewed and updated

The manager will give the employee in an accessible format (if required), a copy of the individual accommodation plan, or written reasons for denying accommodation.

4. Implement, monitor and update the plan

After implementing the accommodation plan, the employee and manager will monitor and review the plan to ensure that it is effective. Formal reviews and updates will take place on the mutually agreed upon, predetermined schedule in the employee's accommodation plan. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

Appendixes:

- Individual Accommodation Plan



INDIVIDUAL ACCOMMODATION PLAN

Confidential when completed

Employee Information

First Name: _____

Last Name: _____

Title & Department: _____

Manager Information

First Name: _____

Last Name: _____

Title & Department: _____

Accommodations

Start Date (yyyy/mm/dd) _____

End Date (yyyy/mm/dd) _____

Next Plan Review

Date (yyyy/mm/dd) _____ OR

Frequency _____

Limitations

1. Limitation

Tasks / activities affected

Essential job requirement?

☐

Yes

☐

No

2. Limitation

Tasks / activities affected

Essential job requirement?

☐

Yes

☐

No

3. Limitation

Tasks / activities affected

Essential job requirement?

☐

Yes

☐

No

Accommodations

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

1. Task

What must the accommodation achieve?

Accommodation strategy

2. Task

What must the accommodation achieve?

Accommodation strategy

Implementation

Lois the actions required to achieve the accommodations(s) identified in the prior section.

1. Action

Assigned to

Due date (yyyy/mm/dd) _____

Date completed (yyyy/mm/dd) _____

2. Action

Assigned to

Due date (yyyy/mm/dd) _____

Date completed (yyyy/mm/dd) _____

Information Sources

Identify and include the contract information for any experts consulted when building the plan (e.g. human resources manager, family doctor, specialists)

1. First Name: _____

Last Name: _____

Title/Role: _____

Email Address: _____

Telephone Number: _____ ext. _____

Related Documents

Attached any additional documents required to support the employee:

- ☐ Employee emergency plan (if applicable)
- ☐ Accessible format of the individual accommodation plan (if needed)
- ☐ What type(s) of accessible formats and/or communications support the employee needs (if requested)
- ☐ Return to work plan (if applicable)
- ☐ Other (specify): _____

Comments / Notes

Use this section for any additional information (e.g. details of alternative work arrangements, budget code for accommodation costs, etc.)

Signature

Employee's Signature

Date (yyyy/mm/dd)

Manager's Signature

Date (yyyy/mm/dd)
