



# Accommodation Work Offer & Plan Form

<b>Employee</b>	<b>Badge #</b>	<b>Supervisor Name/Initials</b>	<b>Shift Days</b>	<b>Regular Job</b>	<b>Job Class</b>
Accommodation Start Date		Updated FAF Due Date if relevant		Expected Recovery Date	
<b>Describe work duties and accommodation plan including timelines, processes, resources, reviews etc...</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>					
<b>Work Hours</b> <i>(schedule where varied)</i>		<b>FAF Date</b>			
		<b>Restrictions</b>			
		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			
<b>1. I will work within my functional capacity and will cooperate in the ongoing management of my accommodation,</b>			<b>1. The company will assign work and warranted accommodations within your functional capacity, when available.</b>		
<b>2. I will notify my supervisor right away of any issues related to my accommodation and work to resolve the issues.</b>			<b>2. The company will work to resolve issues, where possible.</b>		
<b>3. I will communicate appointments and accommodation needs to my supervisor, in advance.</b>			<b>3. As your manager/supervisor, I will ensure that your disability and any resulting accommodation plan will be considered in our performance management, career development and advancement procedures so you are not unnecessarily disadvantaged as a result of your disability and/or accommodation needs.</b>		
<b>4. I will provide functional information when requested by the company.</b>					
<hr/> <b>Employee Signature</b>			<hr/> <b>Company Rep Name &amp; Signature</b>		
Date <u>      </u> / <u>      </u> / <u>      </u> day            month            year			Date <u>      </u> / <u>      </u> / <u>      </u> day            month            year		