

POLICY AND PROCEDURE MANUAL

Policy Title:	REQUEST FOR PERMANENT ACCOMMODATION	Area of Responsibility: VICE PRESIDENT, HUMAN RESOURCES, SAFETY, SECURITY & FACILITIES MANAGEMENT
Policy Section:	HUMAN RESOURCES	
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5.16 REQUEST FOR PERMANENT ACCOMMODATION

Introduction

This policy and procedure has been developed to support the AODA requirements and the College’s belief to promote the rights of all persons with disabilities. The College is committed to fostering a rich working and learning environment ensuring that employees with disabilities are accommodated and supported through the development of a formal permanent accommodation plan.

Rationale

St. Clair College is committed to ensuring that all employees with disabilities are accommodated in an effort to eliminate barriers that create a disadvantage for an employee to fully integrate and complete meaningful and dignified employment. The College is also committed to the assurance that each employee with a disability be supported in attaining the same level of performance as their colleagues.

Responsibilities

Employee:

1. The employee is responsible for communicating and identifying their need(s) for an employment accommodation plan
2. Cooperate with requests from their Manager, in consultation with a Human Resource Services Manager to provide clear and sufficient information to support the employment accommodation plan.
3. Collaborate with their Human Resource Services Manager representative and Union representative in developing an employment accommodation plan.

4. Adhere to the employment accommodation plan, advise Manager promptly of changes or difficulties.

Human Resources:

1. Guide and support the employee and Manager through the accommodation process.
2. Seek advice from external experts when required to help determine possible accommodation solutions.

Manager:

1. The Manager is responsible for participating and monitoring the employment accommodation plan.
2. Openly communicate with the employee and advise Human Resources of possible issues, changes or concerns with the employment accommodation plan.

Process

1. The employee identifies their need for an employment accommodation plan either to their Manager or to a Human Resource Services Manager with appropriate, necessary documentation.
2. Human Resources will communicate the permanent accommodation process and necessary forms to the employee and may require that the employee provide documentation to the College that facilitates the process. The required documentation must specify in detail, any accommodation the employee requires and must be completed by a medical professional. The policy and process is also available on the College's Intranet site. In the case of an emergency, employees may contact the College's 24 hour security personnel who can relay a message to the appropriate manager. Should an employee require the information in an alternate format, Human Resources can access through the Student Services area, text to speech or speech to text software, magnifiers and all of the accessibility tools available for students.
3. Human Resources will prepare a letter to the employee that identifies the accommodations made to the job through this process. The employee, manager, and with the employee's consent, the nurse and a union representative will be invited to a meeting to review the necessary accommodations. In the case where the employee is not represented by a union, they may ask to bring another representative to the meeting. All participants in the meeting will be required to sign a Confidentiality Agreement. The College will, when necessary, seek outside assistance from a workplace specialist to provide expertise in assisting the employee to have a successful career. The expert and any needed equipment will be at no cost to the employee.

- Once an acceptable plan has been completed the Manager and employee will sign, date and receive a copy of the plan, a copy will also be placed in the employee's medical file and will be given to the college nurse.
4. The Manager will inform coworkers of accommodation or assistance that may be required by the employee. The Manager will inform staff *only* of the accommodation, *not* the specific nature of the disability if necessary and with the approval of the employee.
 5. The employee's accommodation plan will be monitored by the Manager through observation and discussion and include discussion of any concerns or problems that may arise. If appropriate and agreeable to both parties, and after discussion with Human Resources, adjustments may be made to the employment accommodation plan. The accommodation plan will also be reviewed and updated if the employee's work location or position changes and/or if the nature of the employee's disability changes. Any changes to the original plan will be recorded and signed by both the Manager and the employee.
 6. In the event that an accommodation plan is not accepted, the employee will be advised in person and in writing and the College will attempt to find alternate work for the employee within the College and/or, in the case of full-time employees, provide them with the information to apply for Long-Term Disability.

Accommodation Plan Form

Confidential when completed

Employee Information

Last Name

First Name

Title / Department

Manager Information

Last Name

First Name

Title / Department

Accommodations

Start Date (yyyy/mm/dd)

End Date (yyyy/mm/dd)

Next plan review

Date (yyyy/mm/dd)

Or Frequency

Limitations

List any functional limitations that the employee experiences, how it affects different aspects of his/her job and if each task is an essential part of the role.

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.

Task

What must the accommodation achieve?

Accommodation strategy

Implementation

List the actions required to achieve the accommodation(s) identified in the prior section.

1. Action Assigned to

Due Date (yyyy/mm/dd)

Date Completed (yyyy/mm/dd)

Information sources

Identify and include the contact information for any experts consulted when building the plan (e.g., human resources manager, family doctor, specialists). Appropriate medical documentation may be required.

Last Name

First Name

Title / Role

Email Address

Telephone Number

Related documents

Attach 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)
