



## **Employee Request for Accommodation- PART A**

Accommodations are changes to a person's work environment, responsibilities, or job tasks to remove workplace barriers they may experience due to a person's disability, religion, gender, family status, or other Human Rights protected ground. Some examples of accommodations include the provision of specialized equipment, removal of physical barriers, changes to the way a task is done, and changes to work hours.

If you are unsure if your circumstances would qualify for accommodation, talk with either your Human Resources Consultant or the Wellbeing Office. You can see the University of Winnipeg's Accommodation Policy here: <https://www.uwinnipeg.ca/respect/docs/accommodation-policy.pdf>. The link to who your Human Resources Consultant would be is located here: [Who is my HR Contact?](#) | [Human Resources](#) | [The University of Winnipeg \(uwinnipeg.ca\)](#)

### **What are my responsibilities regarding accommodation?**

- Let your supervisor know about your need for accommodation as soon as possible. You can contact the Wellbeing Office at [wellbeing@uwinnipeg.ca](mailto:wellbeing@uwinnipeg.ca) or 204-789-9606.
- Provide supporting medical or other evidence to the Wellbeing Office explaining the impact of a disability or protected characteristic on your ability to perform your regular duties.
- Assist in providing suggestions for solutions (e.g. specific adaptive software or hardware device).
- Cooperate by providing relevant information, including medical or other workplace accommodation reports. This includes participating in an evaluation if requested by your employer to determine what reasonable accommodation is required.
- Comply with and perform your work according to the accommodation plan and provide feedback to your supervisor and/or Wellbeing on how it is going.
- Participate and cooperate in accommodation efforts, including talking to your supervisor if modifications to the accommodation plan are needed.
- Accept reasonable solutions that meet your functional requirements even if they are not your preferred solutions.

### **What happens after I submit this form?**

- The Wellbeing office will consult with your supervisor and if they need more information, they will ask you for it.
- The Wellbeing office may organize a meeting with the following people, as appropriate: yourself, supervisor(s), union representative, human resources consultant and Wellbeing staff. The goal of the meeting is to make an accommodation plan that all of the people involved can support.
- An Accommodation Plan form will be completed and you, your supervisor, and the Wellbeing Office will receive a copy (in a format you can access).
- A date will be set to review the Accommodation Plan to see how it is going. Some situations where it may need to be reviewed are when:
  - You have your annual performance review.
  - Your workspace is changed or moved.
  - Your responsibilities have changed.
  - Any other changes impact the accommodation required.
  - You request a review.
  - The accommodation plan (or parts of it) is no longer needed.

<b>Employee's name:</b>	<b>Date:</b>
<b>Employee's position:</b>	<b>Employee's department:</b>
<b>Supervisor(s):</b>	

**This accommodation request is related to: (Select one or more of the following:)**

- |  |  |
|--|--|
| <input type="checkbox"/> Physical or mental disability         | <input type="checkbox"/> Temporary medical restrictions or limitations                   |
| <input type="checkbox"/> Religion or creed or religious belief | <input type="checkbox"/> Gender, including pregnancy, breastfeeding, and gender identity |
| <input type="checkbox"/> Marital or family status              | <input type="checkbox"/> Other (please specify)  |
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**If the request is due to disability or temporary medical restrictions/limitations:**

Is it due to a work-related illness/injury?

- ☐ Yes  
☐ No

Is it due to a motor vehicle accident?

- ☐ Yes  
☐ No

**What are the job duties or requirements that you are unable to perform/meet without the requested workplace accommodation?**

**If your request is due to disability or temporary medical restrictions/limitations, what are the functional limitations that you are experiencing related to your condition(s)?**

**In general terms, describe the accommodation(s) you are requesting.**

**How will this accommodation support your ability to perform the duties of your position?**

**What is the expected duration of the requested workplace accommodation?**

**For accommodation due to disability or temporary medical restrictions/limitations, appropriate medical documentation must be attached. Please read below for the documentation required.**

**For Family Status Accommodation**, please have a medical professional complete the Family Status Accommodation form.

For other accommodation(s), please have a medical professional complete the Medical Accommodation Form. (Part B)

If the University does not receive enough information on the medical note, they may request an additional note.

Please contact the Wellbeing office at [wellbeing@uwinnipeg.ca](mailto:wellbeing@uwinnipeg.ca) about your request and to receive the appropriate form

**Please submit this form and supporting medical documents (if applicable) to the Wellbeing Office at [wellbeing@uwinnipeg.ca](mailto:wellbeing@uwinnipeg.ca)**