



## **Employee Request for Accommodation**

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 Employee Health & Wellness Specialist. 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 employer know about your need for accommodation as soon as possible. You can contact the Employee Health and Wellness Specialist (EHWS), Linda Harrison, directly at [li.harrison@uwinnipeg.ca](mailto:li.harrison@uwinnipeg.ca) or 204-789-4230.
- Provide supporting medical or other evidence to the EHWS 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 the EHWS on how it is going.
- Participate and cooperate in accommodation efforts, including talking to your employer 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 EHWS will consult with your supervisor and if they need more information, they will ask you for it.
- The EHWS may organize a meeting with the following people, as appropriate: yourself, supervisor(s), union representative, human resources consultant, EHWS. 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 EHWS 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>	

**What is your accommodation request related to?**

- |  |  |
|--|--|
| <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 a remote work accommodation:**

- The request must be accompanied by a Remote Work Accommodation Form completed by your doctor or nurse practitioner. Please contact Linda Harrison, the Employee Health and Wellness Specialist, at [li.harrison@uwinnipeg.ca](mailto:li.harrison@uwinnipeg.ca) about your request and to receive the form.

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

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

**Please submit this form and supporting medical documents (if applicable) to the Employee Health and Wellness Specialist, Linda Harrison, at [li.harrison@uwinnipeg.ca](mailto:li.harrison@uwinnipeg.ca)**