

Request/Document Accommodation Plans

Applicant Information

First Name		Last Name	
Single Name			
Street Number	Street Name		Suite/Unit Number
City/Town	Province		Postal Code
Telephone Number		Mobile Number	
Are you an employee at Knowledge First Financial? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate your:			
Department: _____	Work Location: _____		Work Email: _____
Job Title: _____	Supervisor/Manager: _____ _____		

Identifying the Accommodation Requirement*

*Please attach a letter if you require additional space

Is your request for accommodation linked to one or more protected/prohibited grounds in the Knowledge First's Accommodation Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If yes, identify the protected/prohibited ground(s):</p> <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Family Status <input type="checkbox"/> Gender expression <input type="checkbox"/> Gender identity <input type="checkbox"/> Sex (including pregnancy and breast feeding) <input type="checkbox"/> Other prohibited ground _____	
<p>A. If you are a Knowledge First employee:</p> <p>What is the specific job duty/requirement you are unable to meet?</p> <p>_____</p> <p>_____</p>	

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What is the barrier or restriction (functional limitation) that prevents you from meeting that job requirement?

B. If you are receiving service from the Knowledge First Financial:
 What is the specific service or facility you are unable to access?

What is the barrier or restriction (functional limitation) that prevents you from accessing that service or location?

C. If you are a Knowledge First job applicant:
 What part of the job application process are you unable to fully participate in?

What is the barrier or restriction (functional limitation) that prevents you from fully participating in that part of the job application process?

Additional Information

Note that requests for accommodation are required to include sufficient information, including objective documentation, to confirm the need for accommodation and the type of accommodation required. Supporting documentation must be verifiable. Supporting documentation may not be required for those seeking accommodation on the grounds of gender identity and/or gender expression or creed.

Signature	Date (yyyy-mm-dd)
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Office Use Only

Is there a link between the restrictions/functional limitations provided and a protected/prohibited ground (creed, disability, family status, gender expression/identity, sex, etc.)? Yes No

If unsure, consult with the Human Resources
 Have you reviewed the Accommodation Procedures? Guidelines for Accommodating Creed, Disabilities, Family Status, Gender Identity & Gender Expression, or Pregnancy & Breastfeeding as applicable? Yes No

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<p>Has the requester clearly identified their restrictions/functional limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, identify questions to ask the requester and/or seek expert input from the Human Resources as appropriate? Document questions and responses and attach to this form.</p>			
<p>Has the requester provided adequate information/documentation that supports the requester requires accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, request supporting documentation and/or seek expert input</p>			
<p>Note details of who was contacted and what expert input was provided (eg., Employee Health & Rehabilitation, medical specialists, Human Rights Office). Attach details of all expert input to this form</p>			
<p>Restrictions/ Functional Limitations</p>			
<p>What task(s) or service need(s) are impacted by the restrictions/limitations?</p>			
<p>Is the task or service essential? What modification options would ensure the individual is able to perform the task or access the service?</p>			
<p>Is accommodation required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, contact the requester to discuss accommodation options. Continue to document the process including the steps identified below.</p> <p>If no, Consult with the Human Resources.</p>			
<p>Description of Accommodation Measure(s):</p>			
<p>Requirement(s) or task(s) requiring accommodation</p>			

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Objective of the accommodation			
Accommodation strategies & tools to facilitate task(s)			
Costs (if appropriate)			

Roles & Responsibilities:

Outstanding actions to implement accommodation		
Assigned to: (name/position)		
Due date (yyyy-mm-dd):		

Timeline: Start Date (yyyy-mm-dd) _____ **End Date** (yyyy-mm-dd) _____

Review Date (yyyy-mm-dd) _____

Is this plan prepared for an employee with a disability who requires workplace emergency response information? Yes No

If yes, indicate date when emergency response information provided to employee: _____

If an employee, has the requester been provided with an individualized accommodation plan and signed off on the plan? Yes No

Manager's Signature	Date (yyyy-mm-dd)
Requester's Signature	Date (yyyy-mm-dd)