

## Workplace Accommodation Fund (WAF) Guidelines

Brandon University will provide supplementary funds for accommodation requests for extraordinary costs related to providing workplace accommodations which exceed standard expenses. Each department is responsible for funding individual accommodation expenses, normally, up to \$500.00 per individual accommodation request.

When a supervisor has an employee who has submitted an *Accommodation Request Form (ARF)* due to a disability and the preliminary meetings have been conducted with the relevant stakeholders, the process is as follows:

1. Identify, with specific detail, the type of accommodation required (eg. technical device, ergonomic aid, software, etc.);
2. Proceed by following the Brandon University purchasing policy. Items which cost less than \$500.00 do not require a purchase requisition.
3. For items which cost more than \$500.00, quotations may be required. Refer to the Brandon University purchasing policy.
4. If the department would like to request to have the University help offset extraordinary costs, a *Workplace Accommodation Fund Application (WAF)* may be completed.
  - a. Submit the *WAF* to the department's Dean/Director. Upon Dean/Director authorization, it will be forwarded to Human Resources.
  - b. Upon receipt of the *WAF*, Human Resources may confer with the supervisor and/or Dean should clarification be required.
  - c. Should the application be approved, the department will be notified and advised to proceed.
  - d. Should the application be denied, the Dean/Director will be advised as to the reason(s). If the application is denied, the department is responsible for the entire cost.

**NOTE: For larger expenditure requests to meet accommodation needs, Deans/Directors/Unit Heads will present major capital funding requests to Administration.**

### **REMEMBER:**

The Workplace Accommodation Fund (WAF) **does not cover:**

- Items less than \$500.00;
- Items required for daily living activities, such as eye glasses, orthotics, wheelchairs.

The Workplace Accommodation Fund (WAF) **will only cover the difference** in cost between standard equipment and the cost to address the accommodation. Items purchased through the WAF are property of Brandon University.

The Workplace Accommodation Fund (WAF) **supports costs** such as:

- Expenses related to acquiring equipment;
- Extensive equipment or modifications required for an accommodation;
- Funding for services such as sign-language interpreters, attendants and clerical support;
- Ongoing costs for equipment maintenance or hiring of additional support staff



**Workplace Accommodation Fund Application (WAFA)**

**To Be Completed by Supervisor and Dean/Director**

Department/Faculty/Unit: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Supervisor \_\_\_\_\_

Name of Employee requiring accommodation: \_\_\_\_\_

Briefly explain nature of accommodation required:  
\_\_\_\_\_

Dean/Director authorization: \_\_\_\_\_

**Please attach a copy of all quotations, receipts or invoices related to this accommodation.**

| Category                            | Invoice/Quotation Number | Total Cost Incurred | Less Department Contribution | Amount Requested |
|-------------------------------------|--------------------------|---------------------|------------------------------|------------------|
| Human Support Services              |                          | \$                  | \$500.00                     | \$               |
| Technical Aids and Devices          |                          | \$                  | \$500.00                     | \$               |
| Workstation or Office Modifications |                          | \$                  | \$500.00                     | \$               |
| Other (specify)                     |                          | \$                  | \$500.00                     | \$               |
| Request for Funding                 |                          |                     |                              | \$               |

The request for funding represents eligible expenses for a Workplace Accommodation.

Request approved

Funds will be transferred from **account** \_\_\_\_\_ - \_\_\_\_\_ to **account** \_\_\_\_\_ - \_\_\_\_\_.

Request denied

Reason for denial of application:  
\_\_\_\_\_  
\_\_\_\_\_

**To Be Completed by Human Resources**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_