



Workplace Accommodation Plan

Accommodation for: _____
(Employee Name)

Department/Faculty: _____

Employer/Supervisor: _____

Details of the Accommodation Plan:

Timeline for Implementation:

When will the accommodation be fully implemented? Date: _____

Is the accommodation being provided on a temporary basis? Yes ____ No ____

If **Yes**, when will it be done? _____

Evaluation of Accommodation:

Steps taken to evaluate the effectiveness of the accommodation:

Comments and observations about the accommodation:

Signatures of Commitment:

This accommodation plan will be reviewed on a regular basis to ensure that it is effective in meeting the needs of the employee and ensuring that work functions are being satisfied.

Should this accommodation require adjustment, the employee and supervisor agree to meet to discuss any modifications.

By signing this Workplace Accommodation Plan, the employee and Brandon University acknowledge their support and commitment to the accommodation plan as it has been outlined.

Employee: _____ Date: _____

Employer/Supervisor: _____ Date: _____