

# Appendix E – Accommodation template for employers

This template may be used by an employer to meet Code-related accommodation needs, in consultation and collaboration with the employee. This form is a starting point for discussion and will need to be modified to address the specific issues that arise in individual situations. Additional pages can be added if needed. Electronic copies of this form are available online for download at [www.ohrc.on.ca](http://www.ohrc.on.ca).

An employee may be requested to initial the forms as a means of confirming for both employee and employer that this is a collaborative process. If an employee does not want to initial the forms, this may be an indication that there is a problem with the process or substance of accommodation that needs to be addressed by the employer before proceeding further. An employee should not be required to initial the forms to receive accommodation.

The template and any information on it should be made available in its entirety to the employee, or his or her designates, on request but otherwise kept confidential.

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Name of employee: \_\_\_\_\_  
Department or branch: \_\_\_\_\_  
Position: \_\_\_\_\_

## Accommodation principles, policies and procedures

*The employer is required to accommodate Code-related needs [such as creed/religion, disability, family status and sex (including pregnancy and gender identity)] to the point of undue hardship.*

*Has the employee been advised of this or otherwise made aware, for example through an accommodation policy?*

YES

- Date: \_\_\_\_\_
- By whom? \_\_\_\_\_
- Employee's initials (optional): \_\_\_\_\_

NO

- Reasons: \_\_\_\_\_

*Organizations are expected to have measures in place to prevent and address discrimination. An accommodation policy and procedure is a key element of such a strategy.*

Does the organization have an accommodation policy and procedure?

NO

- Who is responsible for developing an accommodation policy and procedure?  
\_\_\_\_\_

- Has this person(s) been advised that an accommodation policy and procedure are lacking?  
YES  Date: \_\_\_\_\_  
NO  Why not? \_\_\_\_\_
- What are the steps and timelines for developing an accommodation policy and procedure?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES

- When was the employee told about the accommodation policy & procedure?  
Date: \_\_\_\_\_  
Employee's initials (optional): \_\_\_\_\_

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**About the job**

*A preparatory step is to identify the essential duties of the position, non-essential duties and performance goals. Essential duties are fundamental to the existence of a job and how it is classified. Non-essential duties are those that would not detract from the job if they were not done, or those that could be re-assigned or removed. This provides background information that will be relevant to selecting accommodation options.*

What are the essential duties of the employee's position? Add a page or job description if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the non-essential duties of the employee's position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Performance goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**About the accommodation need**

An employee may come forward with an accommodation request in some cases. In other cases, an employer might start the discussion about accommodation, for example where an employee appears to be having a difficulty coping with the job but has not yet requested accommodation.

Date need(s) identified: \_\_\_\_\_

How was/were the need(s) identified: \_\_\_\_\_

What accommodation need(s) have been identified? Specify whether the needs relate to essential or non-essential job duties.

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*Accommodation requests may relate to more than one Code ground. For example, an employee providing care to a child with a disability could require accommodation based on association and family status. An older employee with a heart condition may require accommodation based on disability and age. Check if any Commission policies apply.*

Applicable Code grounds: \_\_\_\_\_

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Applicable Commission policies: \_\_\_\_\_

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*The extent of documentation required will depend on the nature of the need. The information requested should relate to restrictions and/or accommodations needed. The employer should not request detailed medical records or information. The documentation should tell the employer what accommodation the employee needs to meet his or her bona fide occupational duties. It will be used to help the employer determine how to meet the employee's needs (rather than to challenge the existence of a need). An employee should not be required to provide expert confirmation of a need for accommodation in all cases. For example, a pregnant employee should not have to provide documentation to support a need for increased washroom breaks. An employee's expert's notes should be accepted unless there is some reason to question their validity (for example, don't require a note from a specialist or company doctor unless there is some reason to suspect that there is a problem with the information submitted).*

Supporting documentation requested: \_\_\_\_\_

Date & type of documentation received: \_\_\_\_\_

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Further documentation or assessment requested: \_\_\_\_\_

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Objective reasons supporting the request for further information:

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## Inclusive design of standards, rules, policies or practices

If the need for accommodation arises from an organizational rule, practice, standard or policy – this should be assessed to make sure that it is a bona fide requirement (BFR). This means that it must be inclusively designed and incorporate the concept of accommodation – this is in addition to the expectation that accommodation will be provided for individual needs that remain. Attach additional pages if necessary.

Rule or standard to be evaluated: \_\_\_\_\_

BFR analysis performed by: \_\_\_\_\_  
Date: \_\_\_\_\_

### Elements of the BFR Analysis

- Purpose of rule or standard:  
\_\_\_\_\_
- Connection of the goal or purpose to the performance of the job:  
\_\_\_\_\_
- How are the needs of individual employees accommodated in relation to this standard?  
\_\_\_\_\_
- What alternative approaches are there?  
\_\_\_\_\_
- Have these been fully investigated?  
\_\_\_\_\_
- Do these alternative approaches have a less discriminatory impact and also fulfill the employer's purpose?  
\_\_\_\_\_  
\_\_\_\_\_
  - If so, can these alternatives be implemented instead?  
\_\_\_\_\_
  - If not, describe the reasons and add supporting documentation.  
\_\_\_\_\_  
\_\_\_\_\_

In light of all of the above, how can the rule or standard be re-designed to better comply with the *Code* - for example, to reflect individual differences and not place an undue burden on those to whom it applies?

Next steps: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Identify partners, resources or supports in providing accommodation**

*Accommodation is a shared responsibility. Managers, supervisors, executives and unions need to work together with the employee to come up with and implement creative accommodation solutions.*

Names and titles of person(s) potentially involved in meeting accommodation needs:

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*It is expected that someone will be accountable for making sure that the accommodation process is timely and that accommodation decisions are made and implemented. The person(s) responsible for providing accommodation should be aware of the relevant principles and have appropriate training in accommodation planning. Additional training needs should be identified.*

Name of person immediately responsible for accommodation planning and implementation:

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Accommodation training, skills development or information received:

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Needs for further accommodation training identified:

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Request for training: \_\_\_\_\_

To whom? \_\_\_\_\_

Date: \_\_\_\_\_

Community organizations, medical professionals, counselling services, family members or other third parties may be able to help find and implement accommodation solutions.

Which third parties have been identified by both employee and employer to support the accommodation?

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**Create an individual accommodation plan**

*Accommodation must be provided in a timely manner. An accommodation plan should allow the employer to meet the employee's individualized accommodation needs relating to both process and substance. The employee should be an active participant in the search for accommodation solutions. The most appropriate accommodation must be implemented, subject to a claim of undue hardship. Undue hardship should not be claimed without objective evidence. Even if undue hardship exists in relation to the most appropriate accommodation or a one-time expenditure, the next-best accommodation or phased-in accommodation should be provided in the meantime. Accommodations should be evaluated periodically and tailored to meet the employee's needs as they change over time or as organizational changes take place.*

***Accommodation process***

*The process of choosing, implementing and monitoring accommodations is as important as the substance of the accommodation provided. The process may need to be revised from time to time. Ideally, the employer has an accommodation procedure in place that can be modified to address specific situations.*

Describe the procedure for accommodation that will apply in this case – include timelines, goals, assessments and information gathering, monitoring and dealing with issues that may be raised by co-workers. Add another page if needed.

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The employee has been consulted in developing this process.

YES

- Date: \_\_\_\_\_
- Employee's initials (optional): \_\_\_\_\_

NO

- Why not? \_\_\_\_\_

***Substance of accommodation***

A range of options, including those suggested by the employee, third party consultants or union representatives, should be identified and assessed. An employee's suggestions should never be dismissed without consideration.

Accommodation objectives:

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List all possible accommodation options that could address the individual needs and meet the goals set out above.

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Identify the most appropriate accommodation(s) that will be implemented. Add another page if necessary. If an appropriate accommodation is not going to be implemented because of “undue hardship,” this must be fully documented in the last section.

Accommodation

#1: \_\_\_\_\_

Reasons why this is most

appropriate: \_\_\_\_\_

Date accommodation selected: \_\_\_\_\_

The employee was actively involved in choosing this accommodation.

YES

- Date: \_\_\_\_\_
- Employee’s initials (optional): \_\_\_\_\_

NO

- Why not? \_\_\_\_\_

Accommodation

#2: \_\_\_\_\_

Reasons why this is most

appropriate: \_\_\_\_\_

Date accommodation selected: \_\_\_\_\_

The employee was actively involved in choosing this accommodation.

YES

- Date: \_\_\_\_\_
- Employee’s initials (optional): \_\_\_\_\_

NO

- Why not? \_\_\_\_\_

*To implement accommodation solutions, an employer may need more expert information, the agreement of a third party or to place an order for equipment – these may take time. In other cases, it is as simple as waiving a policy or allowing an employee to switch shifts – these could be done right away. Any accommodation or part of accommodations that can be implemented right away should be. If an accommodation cannot be implemented due to “undue hardship,” whether in the short-term or the long-term, this must be fully documented below.*

Accommodation

#1: \_\_\_\_\_

Steps for

implementation: \_\_\_\_\_

Person(s) responsible: \_\_\_\_\_

Accountable  
to: \_\_\_\_\_

Accountable  
for: \_\_\_\_\_

Deadline for  
completion: \_\_\_\_\_

Accommodation  
#2: \_\_\_\_\_

Steps for  
implementation: \_\_\_\_\_

Person(s) responsible: \_\_\_\_\_

Accountable  
to: \_\_\_\_\_

Accountable  
for: \_\_\_\_\_

Deadline for  
completion: \_\_\_\_\_

Actual implementation  
date: \_\_\_\_\_

The employee was actively involved in planning and implementation:

YES

- Date: \_\_\_\_\_
- Employee's initials (optional): \_\_\_\_\_

NO

- Why not? \_\_\_\_\_

*Training is often a critical element of a successful accommodation plan – either for the person receiving accommodation or co-workers who may need to take on additional duties (such as when an employee is accommodated because of physical restriction) or who may otherwise contribute to a poisoned environment (for example, joking because they are uncomfortable about a co-worker's transition from one gender to another).*

The following needs for training have been identified:

\_\_\_\_\_  
\_\_\_\_\_



Person responsible: \_\_\_\_\_  
Topic of training: \_\_\_\_\_  
Date completed: \_\_\_\_\_

*Once accommodations have been implemented, they will need to be monitored and revised from time to time to make sure they continue to meet changing needs. This can be done informally, but it is also a good idea to plan for this so that it is not forgotten. Remember to evaluate the impact of organizational changes on individual employee's accommodation arrangements. Add additional pages if needed.*

**Accommodation**

#1: \_\_\_\_\_

Deadline for evaluation: \_\_\_\_\_

Date of evaluation: \_\_\_\_\_

Evaluation of accommodation done

by: \_\_\_\_\_

Outcome of evaluation and follow up: \_\_\_\_\_

Date of next evaluation: \_\_\_\_\_

The employee was actively involved in evaluating the accommodation.

YES

- Date: \_\_\_\_\_
- Employee's initials (optional): \_\_\_\_\_

NO

- Why not? \_\_\_\_\_

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**Undue hardship**

*The Code and Commission policy lists three factors that may be considered in assessing whether undue hardship exists: cost, outside sources of funding and health and safety. This assessment is based on objective evidence. An employer who declines to provide accommodation based on an unsupported claim of undue hardship is vulnerable to human rights complaints. All sections below should be filled in for each accommodation for which undue hardship is being claimed. Add extra pages if needed.*

Description of accommodation for which undue hardship is being claimed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cost**

How much would the accommodation cost?

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On what evidence is this assessment based? Attach supporting documents.

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What impact would this cost have on the organization's overall budget, viability or ability to meet operational needs?

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On what evidence is this assessment based? Attach supporting documents such as financial statements or accounting records.

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### **Funding sources**

The employer is expected to explore and exhaust all available funding options before concluding that undue hardship exists. For example, applying for government grants or funds from a head office. Add extra pages if needed.

What outside sources of funding may be available?

Possible Source of funding

#1: \_\_\_\_\_

Date of contact: \_\_\_\_\_

Letter, e-mail or phone call: \_\_\_\_\_

Name of person contacted: \_\_\_\_\_

Date application submitted: \_\_\_\_\_

Outcome: \_\_\_\_\_

Possible source of funding

#2: \_\_\_\_\_

Date of contact: \_\_\_\_\_

Letter, e-mail or phone call: \_\_\_\_\_

Name of person contacted: \_\_\_\_\_

Date application submitted: \_\_\_\_\_

Outcome: \_\_\_\_\_

### ***Health and safety***

*Evaluate health and safety risks only AFTER providing appropriate accommodation. Base risks on evidence and facts, not speculation. Keep in mind that other legislative requirements must give way to the Code unless the Code is specifically said not to apply, subject to the undue hardship standard. In some cases, health and safety risks that remain after accommodation amount to undue hardship, but this cannot be assumed.*

*Add more pages if there is more than one health and safety risk to be evaluated, or if additional agencies are contacted. Attach copies of all relevant documents or reports prepared relating to the assessment of risks.*

Possible health and safety risk

#1: \_\_\_\_\_

Accommodation in place at time of risk assessment:

\_\_\_\_\_  
\_\_\_\_\_

Other options explored to minimize risk before assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person(s) assessing risk: \_\_\_\_\_

Title of person(s) assessing risk: \_\_\_\_\_

Qualifications of person(s) assessing risk: \_\_\_\_\_

\_\_\_\_\_

Date of risk assessment: \_\_\_\_\_

Nature of risk: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Probability of risk: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Severity or consequences of risk: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comparison of this risk to other risks in the organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comparison of this risk to other risks in society as a whole: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Persons affected by risk:

\_\_\_\_\_

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- Date employee asked to assume risk  
(if risk only to self): \_\_\_\_\_
  - Employee's initials (optional): \_\_\_\_\_

*Where health and safety requirements imposed under other rules, regulations or legislation conflict with the duty to accommodate, the employer is expected to take steps to comply with the Code and mitigate remaining risks by addressing this with the relevant agencies or other third parties, such as insurance agencies.*

Applicable legislation or rules:

Relevant regulatory bodies, enforcement agencies or other third parties:

Name of agency contacted: \_\_\_\_\_  
Name of person contacted: \_\_\_\_\_  
Title of person contacted: \_\_\_\_\_  
Date of contact with agency: \_\_\_\_\_  
Date of expert assessment or agency input: \_\_\_\_\_  
Response or advice received (attach relevant documentation): \_\_\_\_\_

Does the agency's response reflect the primacy of the *Code*?

YES

- How does this affect intended accommodation?

NO

- The other agency says we have to comply with their rules regardless of what the Code says.
- Has the other agency said that there is specific exemption from the application of the Code? If not, how does the other agency explain its position?

- Steps taken to reconcile the employer's duty to accommodate with these conflicting requirements (Consider contacting the Commission for advice):

***Documenting a decision that undue hardship exists***

*The decision that an accommodation cannot be provided because of undue hardship is a very serious one that carries with it the risk of significant liability (financial and otherwise). This decision should only be made by the most senior person in the organization based on documents and evidence gathered in each of the sections above.*

Description of accommodation declined on basis of “undue hardship”:

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Date of decision:

Name of decision-maker:

Title:

Signature:

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Summary of reasons for decision:

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Date employee told:

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Next-best, interim or phased-in accommodation that will be provided instead:

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Long-term plan to meet outstanding accommodation needs:

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Additional comments:

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