

Agriculture and Agri-Food Canada (AAFC) Agriculture et Agroalimentaire Canada (AAC)

Workplace Wellness Programs / Programmes du mieux-être en milieu de travail

Workplace Accommodation Service Request Form

For AAFC Use Only

File No.:

___ Workplace Assessment ___ IME

SECTION 1: EMPLOYEE'S CONTACT INFORMATION

Employee First and Last Name		Job Title	
Geographic Region	Branch	Directorate	
Work Location (including floor number)	Floor	City	Province
Work Phone (Home phone if not at work) - - ext.		Work Email Address (Home email if not at work)	
		Postal Code	

The employee would like to receive all correspondence in: English French
 Can the employee receive external emails? No Yes

SECTION 2: EMPLOYEE'S BACKGROUND INFORMATION (to be completed by employee and manager)

1. Briefly describe the reason for this accommodation request:

Employee Barriers and Difficulties	How it Affects the Employee's Job (e.g., specific work tasks, access to the workplace)

2. Please provide relevant employment history/current job information:

Years of service: _____ years

Years in current role: _____ years

Status:

- Full-time
- Part-time

Scheduled Hours of Work:

- Monday, hours from _____ to _____
- Tuesday, hours from _____ to _____
- Wednesday, hours from _____ to _____
- Thursday, hours from _____ to _____
- Friday, hours from _____ to _____
- Saturday, hours from _____ to _____
- Sunday, hours from _____ to _____

Current Hours of Work:

- Same as Scheduled or:
 - Monday, hours from _____ to _____
 - Tuesday, hours from _____ to _____
 - Wednesday, hours from _____ to _____
 - Thursday, hours from _____ to _____
 - Friday, hours from _____ to _____
 - Saturday, hours from _____ to _____
 - Sunday, hours from _____ to _____

3. Describe job duties and/or attach job description:

4. Please describe any accommodation solutions proposed:

Anticipated Duration of Request or Proposed Solution:

- Temporary: _____
- Permanent: _____

Is there an alternate work plan in place:

- Yes No

If yes, describe (or provide as attachment):

Has the employee requested accommodation for related or similar barriers or difficulties in the past?

- Yes No

If yes, please describe:

The above information is complete and accurate to the best of my knowledge and I consent to the collection, use, and disclosure of the information I have provided on this Form for the purposes of responding to my workplace accommodation request and for any other related or reasonably ancillary purpose.

Employee's Signature

Date

SECTION 3: CONSENT TO RELEASE INFORMATION (to be completed by employee)

I, (employee first and last name) _____, **DO HEREBY CONSENT** to have a Workplace Accommodation Assessment conducted by *the contracting agent*.

The **purpose of the evaluation** is to **DETERMINE THE BARRIERS AND DIFFICULTIES** that I experience in performing my work tasks, and to have the evaluator make recommendations to alleviate these difficulties.

On the understanding that **NO CONFIDENTIAL MEDICAL INFORMATION WILL BE RELEASED WITHOUT MY WRITTEN CONSENT**, I agree to *the contracting agent* providing an interpretation of this evaluation to AAFC Disability Management and to _____, my manager/supervisor, who is ultimately responsible for implementing the recommendations.

I understand that **information collected by the *the contracting agent* will not be retained in my personnel file**, but may be referenced in future workplace accommodation assessments.

I declare that my consent specified above **has been given voluntarily**. I understand that I may withdraw my consent **in writing** at any time.

Employee's Signature

Date

SECTION 4: DISABILITY MANAGEMENT CO-ORDINATOR INFORMATION

Disability Management Co-ordinator First and Last Name

Work Phone

Advisor Email Address

c/o aa.fc.accommodatedutyto-adaptationmesures.aac@canada.ca

The Manager has already consulted with the DM Co-ordinator? Yes No

SECTION 5: MANAGER'S INFORMATION AND APPROVAL (to be completed by manager)

Manager's First and Last Name

Manager's Title

Manager's Work Phone

- - ext. _____

Manager's Email Address

I have reviewed this request and I approve that a workplace assessment be conducted for this employee. I understand that I will receive recommendations for consideration and will be responsible for the implementation of a reasonable accommodation plan to address this request.

Manager's Signature

Date

Please send completed and signed form to: [Accommodate duty to / Adaptation mesures \(AAFC/AAC\)](#)
