**PROTECTED B** WHEN COMPLETED

**Accommodation Request Form - Family Status**

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| **A – Information on employee’s current situation** |
| Employee name | Employee number |
| Position title | Classification | Designated workplace |
| Branch |
| Supervisor/Manager name |
| **B – Relationship of family member(s) to employee**Note: Please specify the age of family member(s) and address |
|   |
| **C – Description of needs requiring accommodation** |
|  |
| **D – Description of conflict that exists between work and family obligations**Note: Please specify how your work is interfering with a family obligation |
|   |
| **E – Description of the impact on the employee from any unresolved conflict of work and family obligations?** Note: Please describe how your current work situation affects your family obligation. |
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| **F – Description of efforts undertaken to secure alternate arrangements** Note: Please give details (e.g.: organizations considered, family options available, efforts made and results of these efforts) |
|   |
| **G – Description of current arrangements in place to manage family obligations** |
|   |
| **H – Description of accommodation sought**Note: Please give details (e.g.: extension of leave for the care of family; leave to care for sick family members; alternative work arrangements) |
|  |
| **I – If this is a request for modified work hours, please complete the following** |
| Are family responsibilities described above shared with another parent, guardian or family member? ☐ Yes ☐ No**If so**, please explain: |
| **J – Privacy statement** |
| The information you provide is collected under the authority of the *Financial Administration Act* and the *Department of Employment and Social Development Act* for the purpose of administering the *Duty to Accommodate Guidelines*. The information you provide will be used only for the administration of the *Duty to Accommodate Guidelines.* Your personal information is administered in accordance with the *Department of Employment and Social Development Act* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank: PSE 901. Instructions for obtaining this information are outlined in the government publication InfoSource, which is available at the following website address: [www.infosource.gc.ca](http://www.infosource.gc.ca). InfoSource may also be accessed online at any Service Canada Centre. |
| **K – Employee signature**  |
| I certify that the information provided in this form is accurate and request accommodation. |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd-mm-yyyy) |

Copies: To be kept by (1) the employee; (1) the manager.