**PROTECTED B** WHEN COMPLETED

**Accommodation Request Form - Family Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | | | |
|  | | | |

|  |  |
| --- | --- |
| **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.