**PROTECTED B** WHEN COMPLETED

**AGREEMENT – Duty to Accommodate**

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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 – Terms of the workplace accommodation arrangement** | | | | | | | | | | | | |
| As a result of discussions between the employee and the supervisor or manager regarding the employee’s workplace accommodation needs, the following accommodation arrangements have been agreed upon and will be effective immediately:  **NOTE: The following statements are examples of elements that could be added to the arrangement. Please remove those that do not apply to the situation, and add any other mutually agreed statements. Remove this note when writing the statements.**   * The employee will begin work at the \_\_\_\_\_\_\_\_\_\_ (location) Service Canada Centre on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD-MM-YYYY) * The employee will have a meal break of \_\_\_\_\_\_ hour. * The employee will have to report to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office/location), as required, to attend meetings or training. * The employee will have the following tools or equipment to perform their daily tasks: \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, (example: wheel mouse, ergonomic keyboard, voice recognition system, etc.). * This workplace accommodation arrangement will be reviewed every six months to ensure that all parties are complying with its terms. * OTHER STATEMENTS | | | | | | | | | | | | |
| **Agreement termination**  If the needs that led to the accommodation have changed and the agreed measures are no longer the solution for accommodation, the arrangement can be amended or terminated at any time with two (2) weeks’ notice. However, in certain situations potentially affecting the health and safety of the employee or co-workers, the arrangement may be amended by management without notice. | | | | | | | | | | | | |
| **Arrangement period**  D M Y D M Y  From  \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ | | **If the accommodations include a modified work schedule,** specify the days and hours of work in the following table: | | | | | | | | | | |
| ☐ Monday | | ☐ Tuesday | | | ☐ Wednesday | | ☐ Thursday | | ☐ Friday | |
| From: | To: | From: | | To: | From: | To: | From: | To: | From: | To: |

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| **C – 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 accommodation arrangement in accordance with 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. | | | | | | | | | | | | | |
| **D – SIGNATURES** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Employee**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( dd-mm-yyyy )  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Manager**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( dd-mm-yyyy )  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **E – RENEWAL (if necessary)** | | | | | | | | | | | | | |
| **Arrangement renewal period**  D M Y D M Y  From  \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ | If necessary, specify the days and hours of work in the following table: | | | | | | | | | | | | |
| ☐ Monday | | ☐ Tuesday | | ☐ Wednesday | | | ☐ Thursday | | ☐ Friday | | | |
| From: | To: | From: | To: | From: | To: | | From: | To: | From: | | To: | |
|  | | | | | | | | | | | | | |
| **Employee**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( dd-mm-yyyy )  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Manager**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( dd-mm-yyyy )  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **F – RENEWAL II (if necessary)** | | | | | | | | | | | | | |
| **Arrangement renewal period**  D M Y D M Y  From  \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ | If necessary, specify the days and hours of work in the following table: | | | | | | | | | | | | |
| ☐ Monday | | ☐ Tuesday | | ☐ Wednesday | | | ☐ Thursday | | | ☐ Friday | | |
| From: | To: | From: | To: | From: | | To: | From: | To: | | From: | | To: |
|  | | | | | | | | | | | | | |
| **Employee**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( dd-mm-yyyy )  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Manager**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( dd-mm-yyyy )  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

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