

Request

# Request/Document Accommodation Plans

**Private & Confidential**

## Applicant Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | | | Last Name | | | | |
|  | Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below. | | | | | | | |
| Single Name | | | | | | | | |
| Street Number | | Street Name | | | | Suite/Unit Number | | |
| City/Town | | Province | | | | Postal Code | | |
| Telephone Number | | | | | Mobile Number | | | |
| Are you an employee of the City of Toronto? | | | | | | | | Yes  No |
| **If yes, please indicate your:**  Division/Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Work Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Work Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Bargaining Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Supervisor/Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## Identifying the Accommodation Requirement\*

\*Please attach a letter if you require additional space

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Is your request for accommodation linked to one or more protected/prohibited grounds in the City of Toronto's [Accommodation Policy](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/e72bd53d0fb2594385257d430052d031?OpenDocument)? | Yes  No | | If yes, identify the protected/prohibited ground(s):  Creed  Disability  Family Status  Gender expression  Gender identity  Sex (including pregnancy and breast feeding)  Other prohibited ground\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  See Guidelines for Accommodating [Creed](https://wx.toronto.ca/intra/hr/policies.nsf/a8170e9c63677876852577d7004ff7f8/ea8ca7d42b78d94885257ff50083c5ae?OpenDocument), [Disabilities](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/1e1898464b18d6e485257dab0074ba9f?OpenDocument), [Family Status](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/7d3a8a666e49fed785257daa005a212d?OpenDocument), [Gender Identity &](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/016cf11dc15e227a85257da40051e7e2?OpenDocument) Expression, [Pregnancy & Breastfeeding](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/afeca4e46772a83f85257daa00582e14?OpenDocument) | |  |  | |
| A. If you are a City of Toronto employee: What is the specific job duty/requirement you are unable to meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is the barrier or restriction (functional limitation) that prevents you from meeting that job requirement?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B. If you are receiving service from the City of Toronto or using a City facility: What is the specific service or facility location you are unable to access?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is the barrier or restriction (functional limitation) that prevents you from accessing that service or location?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C. If you are a City of Toronto job applicant: What part of the job application process are you unable to fully participate in?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is the barrier or restriction (functional limitation) that prevents you from fully participating in that part of the job application process?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Additional Information

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| --- | --- | --- |
| Note that requests for accommodation are required to include sufficient information, including objective documentation, to confirm the need for accommodation and the type of accommodation required. Supporting documentation must be verifiable. Supporting documentation may not be required for those seeking accommodation on the grounds of gender identity and/or gender expression or creed.  See the [Accommodation Procedures](http://wx.toronto.ca/intra/hr/policies.nsf/0/79359124548740F185257DA400735BB9?opendocument) for more information. | |  |
| Signature | Date (yyyy-mm-dd) | |

### Office Use Only

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is there a link between the restrictions/functional limitations provided and a protected/prohibited ground (creed, disability, family status, gender expression/identity, sex, etc.)?  **If unsure, consult with the Human Rights Office at 416-392-8383** | | | | | | | | Yes  No | |
| Have you reviewed the [Accommodation Procedures](http://wx.toronto.ca/intra/hr/policies.nsf/0/79359124548740F185257DA400735BB9?opendocument)? Guidelines for Accommodating [Creed](https://wx.toronto.ca/intra/hr/policies.nsf/a8170e9c63677876852577d7004ff7f8/ea8ca7d42b78d94885257ff50083c5ae?OpenDocument), [Disabilities](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/1e1898464b18d6e485257dab0074ba9f?OpenDocument), [Family Status](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/7d3a8a666e49fed785257daa005a212d?OpenDocument), [Gender Identity & Gender Expression](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/016cf11dc15e227a85257da40051e7e2?OpenDocument), or [Pregnancy & Breastfeeding](http://wx.toronto.ca/intra/hr/policies.nsf/9fff29b7237299b385256729004b844b/afeca4e46772a83f85257daa00582e14?OpenDocument) as applicable? | | | | | | | | Yes  No | |
| Has the requester clearly identified their restrictions/functional limitations?  **If no, identify questions to ask the requester and/or seek expert input from the Human Rights Office or Employee Health & Rehabilitation as appropriate. Document questions and responses and attach to this form.** | | | | | | | | Yes  No | |
| Has the requester provided adequate information/documentation that supports the requester requires accommodation?  **If no, request supporting documentation and/or seek expert input** | | | | | | | | Yes  No | |
| Note details of who was contacted and what expert input was provided (eg., Employee Health & Rehabilitation, medical specialists, Human Rights Office). Attach details of all expert input to this form | | | | | | | | | |
| **Restrictions/ Functional Limitations** | |  | | | | | | |
| **What task(s) or service need(s) are impacted by the restrictions/limitations?** | |  | | | | | | |
| **Is the task or service essential? What modification options would ensure the individual is able to perform the task or access the service?** | |  | | | | | | |
| Is accommodation required?  If yes, contact the requester to discuss accommodation options. Continue to document the process including the steps identified below*.*  **If no, Consult with the Human Rights Office at 416-392-8383.** | | | | | | | Yes  No | |
|  | |
| **Description of Accommodation Measure(s):** | | | | | | | | |
| Requirement(s) or task(s) requiring accommodation |  | |  | | |  | | |
| Objective of the accommodation |  | |  | | |  | | |
| Accommodation strategies & tools to facilitate task(s) |  | |  | | |  | | |
| Costs (if appropriate) |  | |  | | |  | | |
| **Roles & Responsibilities:** | | | | | | | | |
| Outstanding actions to implement accommodation | |  | | |  | | | |
| Assigned to: (name/position) | |  | | |  | | | |
| Due date (yyyy-mm-dd): | |  | | |  | | | |
| **Timeline: Start Date** (yyyy-mm-dd)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End Date** (yyyy-mm-dd) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Review Date** (yyyy-mm-dd) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| Is this plan prepared for an employee with a disability who requires workplace emergency response information?  If yes, indicate date when emergency response information provided to employee: | | | | | | | Yes  No | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If an employee, has the requester been provided with an individualized accommodation plan and signed off on the plan? | | | | | | | | Yes  No | |
| Manager's Signature | | | | Date (yyyy-mm-dd) | | | | | |
| Requester's Signature | | | | Date (yyyy-mm-dd) | | | | | |

Notice of collection

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, S.O. 2006, Chapter 11, Schedule A, s. 136 (c), the Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, Chapter 11, Ontario Regulation 191/11, Integrated Accessibility Standards, s. 28, the Ontario Human Rights Code, R.S.O. 1990, Chapter H. 19, Part I and the City of Toronto Accommodation Policy. The information is used to assess and respond to requests for accommodation, and to document individualized accommodation plans. Questions about this collection can be directed to the Senior Human Rights Consultant, Human Rights Office, City of Toronto, 100 Queen Street West, 14W, Toronto, Ontario, M5H 2N2 or by telephone at 416-392-8383.