



Request for Accommodation

Workplace accommodation refers to Universal Fabricating's obligation under the *Ontario Human Rights Code* to prevent and remove barriers and provide reasonable accommodation to the point of undue hardship. This form is to be completed if you require workplace accommodation for medical reasons. Each accommodation request will be considered on an individual, case-by-case basis in order to determine the most reasonable and appropriate accommodation based on the employee's individual circumstances. Please refer to the [Accommodation Policy and Procedure](#) for an overview of the workplace accommodation process.

This form is available in other accessible formats. Please contact HR if you require this form in an accessible format.

This form is not to be used to provide medical documentation or medical diagnosis, treatment, etc.

Employee Name and ID Number:	Employee Signature:
Position Title:	Date:
Supervisor Name:	Supervisor Signature:

1. What workplace limitations caused by your medical condition(s) are you currently experiencing? Please provide as much detail as you believe is relevant.

2. Referencing the workplace limitations you noted above, what specific parts of your assigned job responsibilities are difficult to perform due to your medical condition(s)?
Please see Human Resources for a copy of your Job Description.

3. Please describe as completely and specifically as possible the workplace accommodation(s) you are requesting:

4. Please provide the duration of the requested workplace accommodation(s):

5. Please describe how the workplace accommodation(s) will assist you in performing your job responsibilities:

HR use only:

Date Received:	HR Signature:
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