

Accessibility Policy for the Township of North Dumfries

REVISED by Council: June 28, 2021

Policy Statement:

The Township of North Dumfries (the “Township”) is committed to being responsive to the needs of all residents, visitors, and employees of the Township of North Dumfries in the delivery and provision of all municipal goods, services, programs, and facilities. To meet the needs of people with disabilities the Township will provide goods, services, programs, and facilities in a manner that is:

- Is free from discrimination;
- Provides an opportunity of equity in relation to the broader public with the respect to the use and benefit of goods, services, programs, and facilities;
- Protects the dignity and independence of all people, and;
- Strives to provide responsive and integrated services.

The Township will provide leadership and education to employees, volunteers, and necessary contractors through training and development in matters of accessibility.

This policy provides guidance on how the Township will ensure all goods, services, programs, and facilities are approached in an inclusive manner that takes into account the needs of people with disabilities.

Definitions:

1. Disability: as defined in section 10 of the Human Rights Code, R.S.O. 1990 c. H.19.
2. Service Animal: A ‘guide dog’, as defined in section 1 of the Blind Persons Rights’ Act, R.S.O.1990, c.B.7; or
 - a. An animal used by a person with a disability, including but not limited to a dog, if:
 - i. It is readily apparent that such animal is used by the person for reasons related to his or her disability; or
 - ii. If the person provides a letter from a physician or nurse confirming that the person requires such animal for reasons relating to his or her disability.
3. Support Person: A person who accompanies a person with a disability in order to help with communication, mobility, personal care, or medical needs or with access to goods or services.

Operating Principles:

This Accessibility Policy will function as an overarching policy for the requirements of the standards developed under the Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c.11 (the "AODA"). The Township develops policies, practices, and procedures which contribute to ensuring that goods, services, programs, and facilities are accessible for persons with disabilities. The following principles shall be met when developing such policies, practices, and procedures:

1. Accessibility Planning

The Township will establish, implement, maintain, and documents a multi-year accessibility plan in accordance with the AODA. The multi-year accessibility plan outlines the ways the Township will identify, prevent and remove barriers and meet the requirements of the standards developed under the AODA.

The multi-year accessibility plan will be:

- Reviewed and updated at least once every five years; and
- Established, reviewed, and updated in consultation with persons with disabilities and the municipal accessibility advisory committee.

An annual status update report on the progress of measures taken to implement the multi-year accessibility plan will be prepared. The multi-year accessibility plan and accompanying status update reports will be posted to the Township's website and provided in accessible formats upon request.

2. Procurement

Whenever possible, Township staff will take into account the accessibility features and criteria of goods, services, and facilities procured, purchased, or acquired.

When not practicable to incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities, staff shall provide, upon request an explanation.

3. Alternate Formats

The Township will provide alternate formats of information that are produced or controlled by the Township to members of the public upon request, in a timely manner at a cost that is no more than the regular cost charged to other persons. When it is not practicable to provide an alternate format the Township will provide an explanation and a summary of the document in an accessible format.

4. Communication Supports

The Township will provide communication supports to members of the public upon request, in a timely manner at a cost that is no more than the regular cost charged to other persons.

If Township staff are unable to obtain the requested communication support, they will work with the requestor to determine a practicable and appropriate method for communication.

5. Public Feedback

The Township will provide, upon request, accessible formats and communication supports when seeking public input, feedback, and advice, when practicable. The Township shall consult with the person making the request in determining the suitability of an accessible format or communication support.

Should Township staff be unable to provide a requested accessible format or communication support they will work with the citizen to determine alternate means for participation in citizen feedback.

The Township has established a process for receiving and responding to feedback in the manner in which the Township provides goods and services to persons with disabilities. Members of the public may provide feedback through the Township's website, the general enquiries email, telephone, and in person. All feedback received from the public on the accessibility of services will be provided to all relevant Township staff members who will take any appropriate action and follow up.

6. Service Disruptions

If a temporary disruption of service is planned, the Township will give notice of the disruption. Notice will be given by posting the information in a conspicuous place on the premises as well as by posting it on the Township's website.

7. Emergency Procedure, Plans, or Public Safety Information

Where the Township prepares emergency procedures, plans or public safety information and makes that information available to the public, that information will be in an accessible format with appropriate communication supports, as soon as practicable and upon request.

8. Support Persons

The Township will allow people with disabilities to be accompanied by a support person in all Township owned and operated public facilities. The Township reserves the right to request the persons with a disability be accompanied by a support person, in the event that it is considered necessary to protect the health and safety by the person with a disability or others on the premises.

The Township will provide notification of any applicable admission fees or fares that apply to support persons by posting such admission fee or fare where all other fees or fares are posted.

9. Service Animals

The Township welcomes service animals into all Township-owned or operated facilities where the public is allowed. Service animals will be allowed to accompany a person with a disability to allow them to access facilities and services.

If a service animal cannot have access to a premise, Township staff will ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the Township's goods or services.

10. Use of Assistive Devices

The Township will allow people with disabilities to use their own personal assistive devices to obtain services offered by the Township.

If a person with a disability is unable to access the Township's services through the use of their own personal assistive device, Township staff member will work with the customer to determine any alternate means for accessing services.

11. Training

Township staff members, volunteers and all other persons who provide goods, services or facilities on behalf of the Township shall be trained in accordance with the regulations under the AODA and on the Human Rights Code as soon as practicable, as it pertains to persons with disabilities. The training on the requirements of the accessibility standards and on the *Human Rights Code* shall be appropriate to the duties of the employees, volunteers and other persons.

Ongoing training will also be provided related to any changes to the Township accessibility policies.

The Township will log and retain records containing the details of the training provided, the number of people trained, location, and date the training completed.

The training provided, will include the following subject matters:

1. How to interact and communicate with persons with various types of disability.
2. How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person.
3. How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability.
4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities.

12. Recruitment Process

During a recruitment process, the Township will notify job applicants, when they are individually selected to participate in an assessment or selection process, that accommodations are available upon request in relation to the materials or processes to be used.

If a selected applicant requests an accommodation, the Township will consult with the applicant and provide or arrange for the provision of a suitable accommodation in a manner that takes into account the applicant's accessibility needs due to disability.

When making offers of employment, the Township will notify the successful applicant of the policies for accommodating employees with disabilities.

13. Informing Employees of Supports

The Township will inform its employees of its policies used to support its employees with disabilities, including, but not limited to, policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability

The Township will provide updated information to its employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.

14. Accessible Workplace

The Township will meet the requirements of the Integrated Accessibility Standards Regulation (Ontario Regulation 191/11) under the AODA and, in particular Part II Employment Standards of such Regulation by:

- Ensuring the recruitment process is inclusive of people with disabilities;
- Informing employees of supports available for employees with disabilities;
- Accommodating employees with disabilities under the AODA in the areas of:
 - Workplace emergency response information;
 - Information and communications needed to perform the employer's job or that is generally available to employees in the workplace, and
 - Other accommodations as required;
 - Taking into account employee accommodations in:
 - Performance management;
 - Career development and advancement; and
 - Redeployment; and
 - Developing and implementing a return to work process for employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work.

Where an employee with a disability so requests it, the Township will consult with the employee to provide or arrange for the provision of accessible formats and communication supports for,

- (a) information that is needed in order to perform the employee's job; and
- (b) information that is generally available to employees in the workplace.

The Township will consult with the employee making the request in determining the suitability of an accessible format or communication support

15. Workplace Emergency Response Information

The Township will provide individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the employer is aware of the need for accommodation due to the employee's disability.

If an employee who receives individualized workplace emergency response information requires assistance and with the employee's consent, the employer shall provide the workplace emergency response information to the person designated by the employer to provide assistance to the employee.

The Township will provide workplace emergency response information as soon as practicable after the employer becomes aware of the need for accommodation due to the employee's disability.

The Township will review the individualized workplace emergency response information,

- a) when the employee moves to a different location in the organization;
- b) when the employee's overall accommodations needs or plans are reviewed;
and
- c) when the employer reviews its general emergency response policies.

16. Documented Individual Accommodation Plan

The Township has a written process for the development of documented individual accommodation plans for employees with disabilities (attached as Appendix A).

The process for the development of documented individual accommodation plans shall include the following elements:

1. The manner in which an employee requesting accommodation can participate in the development of the individual accommodation plan.
2. The means by which the employee is assessed on an individual basis.
3. The manner in which the employer can request an evaluation by an outside medical or other expert, at the employer's expense, to assist the employer in determining if accommodation can be achieved and, if so, how accommodation can be achieved.
4. The manner in which the employee can request the participation of a representative from their bargaining agent, where the employee is represented by a bargaining agent, or other representative from the workplace, where the employee is not represented by a bargaining agent, in the development of the accommodation plan.
5. The steps taken to protect the privacy of the employee's personal information.

6. The frequency with which the individual accommodation plan will be reviewed and updated and the manner in which it will be done.
7. If an individual accommodation plan is denied, the manner in which the reasons for the denial will be provided to the employee.
8. The means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.

Individual accommodation plans shall,

- a) if requested, include any information regarding accessible formats and communications supports provided, as described in section 26;
- b) if required, include individualized workplace emergency response information, as described in section 27; and
- c) identify any other accommodation that is to be provided

17. Return to Work Process

The Township has a return to work process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work; and document the process (attached as Appendix B).

The return to work process includes:

- a) outline the steps the employer will take to facilitate the return to work of employees who were absent because their disability required them to be away from work; and
- b) use documented individual accommodation plans as part of the process.

18. Transportation

The standards of transportation do not apply to the Township of North Dumfries at this time.

Review Period

This policy shall be reviewed once per Council term and will be revised in light of any legislative or organizational changes that may occur.

Responsibilities

Township Council and staff are responsible for adhering to the parameters of this policy and for ensuring the needs of people with disabilities are addressed in goods, services, programs, and facilities.



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Documented Accommodation Process

North Dumfries is committed to providing accommodations for people with disabilities. When an employee with a disability requests an accommodation, the following process will be followed.

Step 1: Recognize the Need for Accommodation

The need for accommodation can be:

- Requested by the employee through their supervisor or through human resources; or
- Identified by the employee's manager or the hiring manager.

Step 2: Gather Relevant Information and Assess Needs

The employee is an active participant in this step:

- North Dumfries does not require details on the nature of the employee's disability to provide an accommodation; it needs to know only about the employee's functional abilities.
- The manager may ask for a functional capacity assessment at the company's expense. See Appendix A.
- The employee and her manager evaluate potential options to find the most appropriate measure.
- An external expert may be involved, at the company's expense.
- The employee can request the participation of a representative from her bargaining agent or, if there is no bargaining agent, from a different representative from the workplace

Step 3: Write a Formal, Individual Accommodation Plan

Once the most appropriate accommodation has been identified, the accommodation details are written down in a formal plan.

- Accessible formats and communication supports, if requested;
- Workplace emergency response information, if required;
- Any other accommodation that is to be provided.

The accommodation plan is provided to the employee in a format that takes into account her accessibility needs due to her disability:

- The employee's personal information is protected at all times.
- If an individual accommodation is denied, the manager provides the employee with the reason for the denial, in an accessible format.

Step 4: Implement, Monitor, and Review the Accommodation Plan

The employee and her manager monitor the accommodation to ensure that it has effectively resolved the challenge:

- Formal reviews are conducted at a predetermined frequency.
- The accommodation plan is reviewed if the employee's work location or position changes.
- The accommodation is reviewed if the nature of the employee's disability changes.

If the accommodation is no longer appropriate, the employee and the manager work together to gather relevant information and reassess the employee's needs in order for the employer to find the best accommodation measure (Step 2).

For examples of accommodations that could be made, please see “Examples of Job Accommodations.” This is not a complete list, just some examples.



Functional Capacity Assessment Form

Release of Information:

I, _____ [employee's name], authorize _____ [name of health care provider] to supply written information to my employer, The Township of North Dumfries, regarding my residual functional capacity, any limitations or restrictions on my ability to perform the functions of my position; and any devices, equipment, or accommodations I require to enable me to perform these functions.

Employee's signature: _____ Date: _____

Functional Capacity Assessment

Employee's name: _____

Health care provider: Please answer only the elements that are pertinent to the employee's ability to perform the essential functions of his job. Explain any response in more detail in Section C.

Date of assessment: _____

Please check one of the following:

- Employee is capable of returning to work with no restrictions.
- Employee is capable of returning to work with restrictions. Complete sections A, B, and C.
- Employee is physically or mentally unable to return to work at this time. Complete Section C.

Section A: Physical Functional Capacity Assessment

1. Please indicate **abilities** that apply. Include additional details in Section C.

Walking:	Standing:	Sitting:	Lifting – floor to waist:
<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities
<input type="checkbox"/> Fewer than 100 metres	<input type="checkbox"/> Fewer than 2 hours	<input type="checkbox"/> Fewer than 30 minutes	<input type="checkbox"/> Fewer than 5 kilograms
<input type="checkbox"/> 100-200 metres	<input type="checkbox"/> At least 2 hours	<input type="checkbox"/> 30 minutes – 1 hour	<input type="checkbox"/> 5-10 kilograms
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> About 6 hours <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):

Lifting – waist to shoulder:	Stair climbing:	Ladder climbing:	Travel to work:	
<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	Able to use public transit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to drive a car: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fewer than 5 kilograms	<input type="checkbox"/> Fewer than 5 steps	<input type="checkbox"/> 1-3 steps		
<input type="checkbox"/> 5-10 kilograms	<input type="checkbox"/> 5-10 steps	<input type="checkbox"/> 4-6 steps		
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):		

2. Please indicate **restrictions** that apply. Include additional details in Section C.

<input type="checkbox"/> Bending/twisting		<input type="checkbox"/> Repetitive movement of (please specify):	<input type="checkbox"/> Capacity to work at or above shoulder
<input type="checkbox"/> Chemical exposure to:		<input type="checkbox"/> Environment exposure to (eg. heat, cold, noise, or scent):	<input type="checkbox"/> Operating motorized equipment (eg. forklift)
<input type="checkbox"/> Limited use of hand(s)		<input type="checkbox"/> Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Potential side effects from medication (please specify). Do not include the names of medications.
Left		Right	<input type="checkbox"/> Exposure to vibration
<input type="checkbox"/>	Gripping	<input type="checkbox"/>	<input type="checkbox"/> Whole body
<input type="checkbox"/>	Pinching	<input type="checkbox"/>	<input type="checkbox"/> Hand/arm
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Exposure to vibration		<input type="checkbox"/> Visual / communicative	
<input type="checkbox"/> Whole body		<input type="checkbox"/> Acuity (depth, colour, or field)	
<input type="checkbox"/> Hand/arm		<input type="checkbox"/> Hearing	
<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Speaking	
		<input type="checkbox"/> Other (please specify):	

Section B: Mental Functional Capacity Assessment

	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess
1.Understanding and memory					
a. The ability to remember locations and work-like procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The ability to understand and remember very short and simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The ability to understand and remember detailed instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.Sustained concentration and persistence					
a. The ability to carry out very short and simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The ability to carry out detailed instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The ability to maintain attention and concentration for extended periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The ability to sustain an ordinary routine without special supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The ability to work in coordination with, or proximity to, others without being distracted by them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The ability to make simple work-related decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The ability to complete a normal workday without interruptions from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods					
3.Social interaction					
a. The ability to interact appropriately with the general public	<input type="checkbox"/>				
b. The ability to ask simple questions or request assist assistance	<input type="checkbox"/>				
c. The ability to accept instructions and respond appropriately to criticism from supervisors	<input type="checkbox"/>				
d. The ability to get along with co-workers without exhibiting behavioural extremes	<input type="checkbox"/>				
e. The ability to maintain appropriate behaviour and to adhere to standards of cleanliness	<input type="checkbox"/>				
4.Adaptation					
a. The ability to respond appropriately to changes at work	<input type="checkbox"/>				
b. The ability to be aware of normal hazards and take appropriate precautions	<input type="checkbox"/>				
c. The ability to travel in unfamiliar places or use public transportation	<input type="checkbox"/>				
d. The ability to set realistic goals or make plans independently	<input type="checkbox"/>				

Section C: Additional Comments on Abilities and/or Restrictions

From the date of this assessment, the above will apply for approximately:

- 1-2 days 8-14 days
- 3-7 days more than 14 days

Have you discussed return to work with your patient?

- Yes
- No

Recommendations for work hours and start date:

- Regular full-time hours Modified hour Graduated hours

Start date of return to work: _____

Date of next appointment to review abilities and/or restrictions: _____

I have provided this completed Functional Capacity Assessment Form to (check both if applicable):

- Employee Employer

Health care provider's signature

Telephone

Date



Individual Accommodation Plan

Employee's name: _____ Date: _____

Employee's title / department: _____ Manager: _____

Limitations	Job-related tasks / activities affected by limitations	Is this an essential job requirement?

Sources of expert input into the individual accommodation plan (e.g., human resources manager, family doctor, specialists):

Accommodation measures are to be implemented from _____ to _____

If no end date is expected, the next review of this accommodation plan will occur every _____ months.

(The accommodation measure(s) should be reviewed annually, at a minimum.)

Description of Accommodation Measure(s):

Which job requirements and related tasks require accommodation?	What are the objectives of the accommodation (eg. what must the accommodation do to be successful)?	What accommodation strategies/tools have been selected to facilitate this task/activity?

Roles and Responsibilities:

Outstanding actions to implement accommodation	Assigned to	Due date

Employee's signature

Manager's signature

Examples of Job Accommodations

Situation	Accommodation	Cost to Employer	Benefit
An employee with sleep apnea was persistently late for work.	The employer offered the employee a flexible work schedule so that he could arrive at work later.	\$0	The employee was able to arrive at work on time.
A warehouse employee for a pharmaceutical company had a severe fear of confined spaces. She experienced panic attacks and significant workplace stress because her workstation was situated in a small, refrigerated area.	Her employer moved the location of her workstation to a more spacious area.	\$0	The new location of her workstation completely eased the employee's fears/
An office worker with tendinitis experienced pain when doing her usual data entry duties. Unable to type due to her pain level, she began to miss work.	One of the company's information technology employees wrote scripts for data she frequently entered, which limited the amount of typing she had to do.	\$100	The employee's productivity increased/ She was absent less often and was more satisfied in her work.
Due to his past experience in the military, an insurance company employee had post-traumatic stress disorder and a traumatic brain injury. This made him very sensitive to environmental noise. The employee was experiencing increased anxiety due to the noise level in his workplace.	The employer purchased headphones with white noise capability and noise reduction barriers for his cubicle.	\$350	The employee and his supervisory were pleased with the outcome.
A customer service worker experienced progressive hearing loss and, as a result, was having difficulty communicating with customers. Customers were complaining.	The employer provided the employee with a headset amplifier.	\$500	The company retained a valuable, long-term employee.
A warehouse worker with a back injury was no longer able to lift the objects required in his job.	The employer offered the employee a different position (an office job) within the organization.	\$500	The employee's moral increased.
As a result of an injury sustained in a car accident, an employee returned to work using a wheelchair. The employer was concerned about how to assist the	The employer bought an evacuation chair.	\$3,000	The employer improved the employee's safety during an emergency .

employee to leave the building during an emergency.			
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Documented Return to Work Process

The Township of North Dumfries is committed to supporting employees who have been absent from work due to a disability. We will use the following process to help employees who require accommodation to return to work.

Step 1. Initiate the leave and stay in contact with the employee

If an employee needs to take a disability leave, s/he will inform his/her manager and human resources. The employee and manager will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return to work process.

Step 2. Gather relevant information and assess individual needs

The employee and manager will work together to share information and find the most appropriate accommodation, for example:

Manager

- Provides the employee with return to work information
- Helps resolve any problems with treatment if requested to do so by the employee
- Maintains regular contact with the employee
- Ensures work practices are safe for returning employee
- Assists with identifying accommodations
- Assists with analyzing the demands of each job task

Employee

- Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about his/her functional ability to perform the job
- Provides his/her health care provider with the return to work information
- Health care provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed

Step 3. Develop a return to work plan

After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- return to the original position
- return to the original position with accommodation(s) on a temporary or permanent basis
- return to an alternate position on a temporary or permanent basis

The return to work plan should be attached to the employee's individual accommodation plan.

Step 4. Implement, monitor and update the plan

After implementing the return to work plan, the employee and manager will monitor and review the plan regularly to ensure that it remains effective. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

* This return to work process does not replace or override any other return to work process created by or under any other statute. It should not be taken as legal advice. You should contact a lawyer for advice for your particular set of facts or circumstances.



Return to Work Plan

Employee Information:

Name: _____

Title / Department: _____

Manager Information:

Name: _____

Title / Department: _____

Return to work start date: _____ Return to work end date: _____

Goal:

At the end of the return to work process, the employee will return to his/her:

- Original job
- Original job with modifications
- Alternate job (include job description)

Accommodations and transitional measures

List any limitations the employee experiences as a result of his/her disability, how it affects different aspects of his/her job and any accommodations or safety measures required to help the employee return to work. Accommodations may include, but are not limited to:

- Modified work hours/days
- Modified work location
- Modified job requirements
- Assistive device(s)
- Additional support (e.g. colleagues helping with specific tasks)

If the measures will be phased in or out, include a start/end date.

1. Limitation: _____

Task / activities affected: _____

Accommodation: _____

Safety considerations: _____

Start date: _____

End date: _____

2. Limitation: _____

Task / activities affected: _____

Accommodation: _____

Safety considerations: _____

Start date: _____

End date: _____

3. Limitation: _____

Task / activities affected: _____

Accommodation: _____

Safety considerations: _____

Start date: _____

End date: _____

Assignment to alternate position

Complete this section if the employee will not be returning to his/her original job. The assignment to an alternate position may be temporary or permanent.

Job title: _____

Length of assignment: _____

Describe the new position:

List and training requirements and safety precautions:

Comments / Notes:

Signature

Employee's signature: _____ Date: _____

Managers signature: _____ Date: _____