



Individual Accommodation Plan

Employee name: **Ashley Lefebvre**

Title: **Restorative Justice Worker** _____

Department: **Restorative Justice** _____

Manager: **Leahan Parrott** _____

Date needs identified: **Sept 9, 2024** _____

Grounds for accommodation: **Medical/Protected grounds – Doctors note**

Needs identified: **No air travel**

Essential job duties or responsibilities affected: **Travel to perform circles in remote NAN communities.**

Non-essential job duties or responsibilities affected: **None at this time.**

Documentation provided to support accommodation: Yes No

Doctors note.

Accommodation provided: **Suspend all aspects of job duties that require air travel until we receive a doctor's clearance.**

Implementation plan: **Ashley will work with her manager to plan around her limitations.**

Performance goals: **To attend virtual courts as required where travel to the NAN community is required and not possible.**

Duration of accommodation:

Choose:

Option 1: Permanent accommodation. This is a permanent accommodation. The measures outlined above are in effect immediately and will remain in place for the foreseeable future.

OR

Option 2: Temporary accommodation. This is a temporary accommodation. The measures outlined above are in effect as of **September 9, 2024**, and end upon clearance from doctor.

Individualized workplace emergency response information required: Yes No

REVIEW AND UPDATE

This accommodation plan is reviewed **monthly**. Changes to the accommodation plan are made as necessary.

Ashley is responsible for informing her **manager and/or HR** if their accommodation needs change. If the accommodation needs change, this plan will be reviewed and updated as soon as reasonably practicable.

Date of last review: **N/A**

Next review date: **November 7, 2024**

ACKNOWLEDGEMENT AND AGREEMENT

All information contained in this accommodation plan is confidential; the contents of this form are only disclosed as necessary to individuals who are assisting in the accommodation process on a need-to-know basis.

Signing below indicates that the parties have read and agree to the accommodation plan set out above.

Employee signature: 

Date: Oct 8 2024

Manager signature: Leahan Parrott

Date: Oct 8, 2024