



# Accommodation Plan Form

## Part One: To be completed by employee

Employee Section	
Employee Name:	Jean Rabbit Waboose
Title:	Community Release & Reintegration Worker
Department:	Community Release & Reintegration Program
Immediate Supervisor:	Oana Cristea (on leave), Catherine Gull, Don Rusnak
Assessment Date:	Jan 4, 2021
Assessment Completed By:	Jean Rabbit Waboose
Please list specific types of accommodations required	
<p>I am requesting accommodations to help me with my family health responsibilities and am requesting the following:</p> <ol style="list-style-type: none"><li>1. To bank extra work hours to use when I need to take time off for family medical responsibilities.</li><li>2. To bank hours where possible while on family medical leave.</li></ol>	

I have read and understand the company's policy on reasonable accommodation. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the employer's business.

Employee Signature: Jean Rabbit

Date: January 17, 2022

## Part Three: Form review and agreement

Accommodation Plan		
Employee name:	Jean Rabbit Waboose (JRW)	
Management participants:	HR Manager, Program Manager(s)	
Date:	Jan 4, 2022	
Accommodation agreed upon		
<ol style="list-style-type: none"> <li>1. JRW will be approved to accumulate extra hours when extra work is available.</li> <li>2. All extra hours accumulated over 35 hours/wk. will be at a "regular" pay rate. Your total hours must not exceed <u>44 hours</u> in one week or <u>12 hours</u> in one day as per NALSC HR Policy Manual and the Employment Standard Act. (ESA)</li> <li>3. All extra hours must be pre-approved, recorded and monitored by a manager</li> <li>4. If JRW's family medical time off exceeds her extra hours accumulated, she will have to take leave without pay or access other sick benefits available to her.</li> <li>5. All banked time must be used by March 31, 2022.</li> <li>6. These accommodations will be in effect until March 31, 2022, at which time it will be reviewed.</li> </ol>		
Additional information		
This accommodation will be reviewed on <b>Jan 31, 2022</b> .		
If no agreement on an accommodation, an explanation must be provided below		
Workplace Emergency Response Information Plan Required?	Yes:	No: <input checked="" type="checkbox"/>

Employee Signature: *Jean Rabbit*

Date: *January 17, 2022*

Manager or Immediate Supervisor:

Date:

Human Resources Manager: Colette Shwetz

Date: January 14, 2022

**Part Two: To be completed by immediate supervisor**

Employer Section	
Managers Name:	Oana Cristea (on leave), Catherine Gull, Don Rusnak
Other review participants:	HR Manager
Signature(s)	
Date of Review:	<b>Jan 4, 2021</b>
Evaluation of impact of accommodation (if any)	
<ul style="list-style-type: none"><li>• Approving Jean to bank regular/extra work hours will allow Jean to fulfil her family health responsibilities when her regular sick leave credits run out.</li><li>• This will help alleviate any added stress for Jean when her sick credits run out and she needs time off to assist with her family health obligations.</li></ul>	
Accepted: <input checked="" type="checkbox"/>	Not accepted: <input type="checkbox"/>
If not accepted, outline alternative accommodations available	
N/A	