



EMPLOYMENT POLICY MANUAL

Subject: Reasonable Accommodation	Approval Date: 21 February 2023	By-Law No. 1785-13 <i>Amended by 14-2023</i>
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3.14 REASONABLE ACCOMMODATION

The Municipality is committed to providing equal treatment with respect to employment without discrimination because of race, ancestry, place of origin, citizenship, creed, sex, sexual orientation, age, record of offence(s), marital status, family status, disability, color or ethnic origin as described by the Human Rights Code.

The need for an employment accommodation policy has been recognized as essential from a human resources, human rights and employment equity perspective. In addition, employment accommodation is a legal obligation.

It is recognized that many of the barriers to equal participation by all people in our Municipality exist inadvertently or due to a lack of awareness of different needs, not because people have deliberately sought to discriminate.

Accommodation can be understood as a means of adjusting or modifying the work environment or the method of doing work, in order to address the individual needs of employees, enabling the Municipality to continue to benefit from their active participation in the workforce.

1. PURPOSE

The Municipality will support the accommodation of employees and job applicants who have a disability or require religious accommodation, in a manner which respects their dignity, is equitable and which enhances their ability to compete for jobs, perform their work and fully participate in employment at the Municipality.

Although these are the most common grounds for accommodation requests, requests for accommodation under any of the other grounds of the Human Rights Code and the Ontarians with Disabilities Act are possible and should be approached using the process described herein.

To accomplish that goal, the Municipality will work to achieve a workplace free of barriers by providing accommodation for the needs of those individuals, up to the point where it causes undue hardship for the Municipality. Every effort will be made such that the impact of accommodation will not discriminate against another group.



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2. INDIVIDUAL ACCOMMODATION PLANS

The Municipality is required to develop with the individual(s) and have in place and on record a written process for the development of documented individual accommodation plans for employees.

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

1. The employee requesting accommodation may participate in the development of the plan.
2. The employee is assessed on an individual basis.
3. The employer, at their expense, may request an evaluation by an outside medical resource to assist in determining if the accommodation can be achieved and if so, how the accommodation can be achieved.
4. The employee may request a representative of the bargaining unit to be involved with them in the process and in assisting with the accommodation.
5. Steps shall be taken to ensure privacy of the employee's personal information.
6. Frequency of reviewing the plan and how it will be done.
7. If an individual plan is denied, the reason for the denial and how the message will be delivered.
8. Providing the individual plan in a format that takes into account the accessibility needs due to disability.

These plans may include accessible format and communication supports information, individual workplace emergency response and any other accommodation information.

The Municipality will provide individualized workplace accommodation plans to employees who require them, if the requirement is such that the individualized accommodation plan is necessary, and if the Municipality is aware of the need for accommodation. Schedule "A" attached hereto and forming a part of this policy is an 'Individual Accommodation Plan' that is to be completed as soon as practicable after becoming aware of the need for accommodation.

Where the employee requires assistance, the Municipality will, with the consent of the employee, provide the individualized accommodation plan to the person designated by the Municipality to provide assistance to the employee.

The Municipality will review the individualized accommodation plan when the employee moves to a different position within the organization, when the employee's overall accommodation needs or plans are reviewed, or when the employee requests the plan to be reviewed.



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Accommodation Plan Form – Schedule A

This accommodation plan form can be used for existing employees or for new employees. Employees who have a disability that requires accommodation are encouraged to come forward to develop an accommodation plan. This form will be used in conjunction with the accommodation plan to outline specific workplace accommodations.

All information contained in this form will be confidential and will only be disclosed to those people who are assisting in the accommodation process. This form will be reviewed (Insert Timeframe, should be at least annually), and where needed, changes may be made as agreed upon by both parties. If an employee wishes to have the accommodation plan form reviewed prior to this date, he/she can request this by contacting (Insert Contact Name) at (Insert Contact Number). A copy of this form will be provided to the employee for his/her personal records.

Please note: this form will be provided in alternative formats and/or with communication supports upon request.

Part One: To be completed by employee

The first part of this form will be filled out by the employee. Management will then review this form and meet with the employee to determine possible accommodations. In the event that a request for accommodation is denied, will contact the employee within (Insert Timeframe) providing the reason for the denial of the request. Please note that employees may have the participation of (Select one: a representative from their bargaining agent or other representative from the workplace) in the development of the accommodation plan.

Directions: Please fill out the section below listing any accommodation requests. Where information is not relevant, please insert N/A. If an assessment has been conducted, please attach a copy to this form and fill out the pertinent sections.



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Employee Section	
Employee Name	
Title	
Department	
Immediate Supervisor	
Assessment Date	
Assessment Completed By	
Please list specific types of accommodations required	
Please list accessible formats needed as required	

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: _____

Date: _____



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Part Two: To be completed by immediate supervisor (and additional managers, if applicable)

Management will review the accommodation request, with the necessary stakeholders (e.g., Human Resources, a representative from the employee's bargaining agent) and determine the feasibility of the request (keeping in mind that all accommodation requests will be met except for those that qualify for undue hardship on).

Employer Section	
Managers Name	
Other review participants	
Signature(s)	
Date of Review	
Evaluation of impact of accommodation (if any)	
Accepted:	Not accepted:
If not accepted, outline alternative accommodations available	



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Part Three: Form review and agreement

Once part one and two of the form have been completed, the employee and his/her manager or designate must meet to review the accommodation request and, if need be, come to a resolution on accommodation details. Where portions of the accommodation request have been denied, will provide a detailed explanation for the denial based on the evaluation of impact. The below form will outline the agreed upon accommodation(s). Where there is no agreement, this shall be documented.

Accommodation Plan		
Employee name		
Management participants		
Date		
Accommodation agreed upon		
Alternative formats required		
Additional information		
Date of next review:		
If no agreement on an accommodation, an explanation must be provided below		
Workplace Emergency Response Information Plan Required?	Yes:	No:



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Employee Signature: _____

Date: _____

Manager of Immediate Supervisor: _____

Date: _____

Human Resources Director: _____

Date: _____