

2. Sample Accommodation Plan Template

You can print and complete the form below to document an employee’s individual accommodation plan.

Employee Name: _____ Date: _____

Title/Department: _____ Supervisor: _____

Limitations	Job-Related Tasks/ Activities Affected by Limitations	Is this an essential job requirement?

Sources of expert input into accommodation plan (e.g., HR Manager, family doctor, specialists):

Accommodation measures to be implemented from [start date] to [end date].

If no end date is expected, the next review of this accommodation plan will occur on [review date]. (It is recommended that the accommodation measure(s) be reviewed annually, at a minimum.)

Description of Accommodation Measure(s):

List job requirements and related tasks that require accommodation	What are the objectives of the accommodation (i.e. what must the accommodation do in order 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