

VanMar Constructors ON Inc. is committed to accommodating people with disabilities and commits to fostering a workplace where all employees are afforded equal opportunity and treated with dignity and respect free from discrimination or harassment. In furtherance of this commitment and its obligations under human rights laws, VanMar Constructors will make reasonable workplace accommodations to ensure that individuals are not unfairly excluded from carrying out their job duties and participating in work-related activities up to the point of undue hardship.

VanMar will use the following process to identify and meet employee accommodation needs.

Recognize the need for accommodation

Accommodation can be:

- Requested by the employee
- Identified by the employee's manager or hiring manager

Gather relevant information and assess individual needs

The employee in an active participant in this step

- Information will be collected on the employee's functional abilities, not the nature of the employee's
 disability. The employee's personal information, including medical information, is kept secure and dealt
 with in a confidential manner. It will only be disclosed to individuals who need it to perform the
 accommodation process.
- The employee and his/her manager will work together to find the most appropriate accommodation. A
 medical or other expert may be engaged to help determine if/how the employee's needs can be
 accommodated. The employee may ask a bargaining agent or other workplace representative to
 participate in the process.

Write an individual accommodation plan

After identifying the most appropriate accommodation(s), the details will be documented in a written plan, including:

- What accommodation(s) will be provided.
- How to make information accessible to the employee, including accessible formats and communication supports.
- Employee emergency information and/or emergency response plan (if applicable).
- When the plan will be reviewed and updated.

The manager will give the employee in an accessible format (if required), a copy of the individual accommodation plan, or written reasons for denying accommodation.

Implement, monitor and update the plan

After implementing the accommodation plan, the employee and his/her manager will monitor and review the plan to ensure that it is effective. Formal reviews and updates will take place on the mutually agreed upon,

Accommodation Plan (VMC ON Inc.)



predetermined schedule in the employee's accommodation plan. If the accommodation is no longer appropriate, the employee and the manager will reassess the situation (step 2) and update the plan.

The accommodation plan will also be reviewed and updated if:

- The employee's work location or position changes.
- The nature of the employee's disability

Employee Inform	nation				
Last Name				First Name	
Title/Department	t				
Manager Informa	ation				
Last Name				First Name	
Title/Department	t				
Accommodation	s				
Start Date (yyyy/	mm/dd)	I	End Date (yyyy/mm/dd)	Date (yyyy/mm/dd)	Frequency
Limitations					
List any functiona	al limitatio	ns that	the employee experiences	, how it affects different as	spects of his/her job and if
each task is an es	sential pa	rt of th	e role.		
1. Limitation					
Tasks/Activities A	Affected				
Essential job requ	uirement?				
Yes	No				
2. Limitation					
Tasks/Activities A	Affected				
Essential job requ	uirement?				
Yes	No				



Accommodations Using the list of tasks from the limitations section above, identify what types of accommodation or support would help the employee accomplish the task. List a strategy or tool that will provide that accommodation. 1.Task What must the accommodation achieve? Accommodation strategy 2. Task What must the accommodation achieve? Accommodation strategy Implementation List the actions required to achieve the accommodation(s) identified in the prior section. 1. Action Assigned to Due Date (yyyy/mm/dd) Date Completed (yyyy/mm/dd) 2. Action Assigned to Due Date (yyyy/mm/dd) Date Completed (yyyy/mm/dd) **Information sources** Identify and include the contact information for any experts consulted when building plan. Last Name |First Name Title/Department **Email Address** |Telephone Number



Related documents

Attach any additional documents required to support the employee.

- o Employee emergency plan (if applicable).
- o Accessible format of the individual accommodation plan (if needed).
- o What type(s) of accessible formats and/or communications support the employee needs (if requested).
- o Return to work plan (if applicable).
- o Other:

Comments/Notes					
Use this section for any additional information					
Signature					
Employee's Signature	Date (yyyy/mm/dd)				
Manager's Signature	Date (yyyy/mm/dd)				