

By-Law no. 2016-1334
Schedule II

Township of Jocelyn

Accessibility – Individual Accommodation Plan Policy

Accessibility for Ontarians with Disabilities Act (AODA 2005)

*** Alternative Formats Available upon Request ***

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The purpose of the policy is to comply with the Employment Standards set out within the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) Ontario Regulation 191/11, section 28 regarding documented individual accommodation plans.

DEFINITIONS

Disability:

As defined by AODA:

- a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness;
- b) a condition of mental impairment or a developmental disability;
- c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- d) a mental disorder.

Individual Accommodation Plan

A document which outlines the details of individual accommodations for an employee with a disability. (Appendix A)

GUIDELINES

Employer

It is the employer's responsibility to make every reasonable effort to accommodate employees on an individual basis due to an employee's disability.

- Develop an individual accommodation plan in accordance with the documented restrictions/limitations of the employee
- May request the employee be evaluated by an outside medical agency or physician or other expert, at the employee's expense, to assist in determining accommodation
- Meet with the employee, the relevant Department Head or other workplace representative, to discuss the plan.
- Provide the accommodation plan in a format that considers the accessibility needs of the employee
- Ensure all employee information collected during the development of the plan will remain confidential unless written consent is obtained from the employee
- Review the plan with the employee and the relevant Department head on an annual basis

Employee

- Notify the Department Head of the request for an individual accommodation plan
- Participate in the development of the accommodation plan with the Department Head
- Provide medical documentation outlining the disability and the need for accommodation
- Request, if desired, the attendance of another workplace representative when developing the accommodation plan
- Participate in an annual meeting with the Department Head to review the plan

Department Head

- Participate in the development of the individual accommodation plan.
- Monitor and evaluate the accommodation plan once implemented
- Participate in the annual review of the plan.

PROCEDURE

1. The worker shall report any disability to the Department Head.
2. An individual accommodation plan will be developed in accordance with the documented restrictions/limitations of the employee.
3. All documentation will be kept confidential unless consent has been received by the employee to release such information to the appropriate parties involved.
4. A copy of the plan will be provided to each of the parties involved.
5. The plan will be reviewed on an annual basis.

Attachment

Appendix A – Individual Accommodation Plan

Appendix A:

Individual Accommodation Plan

Employee's Name: _____ Date: _____

Employee's Title/department: _____ Department Head: _____

Limitations	Job-related tasks/activities affected by limitations	Is this an essential job requirement?

Sources of expert input into the individual accommodation plan (e.g. human resources, family doctor, specialists):

Accommodation measures are 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].
(The accommodation measure(s) should be review at least annually.)

Which job requirements and related tasks require accommodation?	What are the objectives of the accommodation (i.e. what must the accommodation do 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

Department Head's Signature