



ACCOMMODATION PLAN

DEPT/WORK UNIT _____ DATE _____

EMPLOYEE _____ POSITION _____

SUPERVISOR _____

FUNCTIONAL IMPACT

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CURRENT SITUATION

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ACCOMMODATION MEASURES

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REVIEW DATE _____

- Any of the parties may request a meeting at any time to further discuss the Accommodation Plan.
- This agreement is made without prejudice to either party's interpretation of the Collective Agreement and will not form precedent in any other situation.

SIGNATURES:

Employee Name Supervisor (name and department/work unit)

Human Resources Representative (name) RTW & Accommodation Officer (name)

Copy of signed plan circulated to all parties on: _____