

# 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

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Employee's Signature

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Manager's Signature