

STATEMENT of POLICY and PROCEDURE			
Chapter:	Health and Safety	SPP No.:	HS5.02
Section:	Accommodation Plan for Employees with Disabilities	Issued:	Oct 27, 2015
Subject:	ACCESSIBILITY POLICY	Effective:	Oct 27, 2015
Issue to:	All Manual Holders	Page:	1 Of 2
		Replaces:	NEW
Issued by:	The Corporation of the Township of Papineau-Cameron	Dated:	Oct 27, 2015

This policy applies to all employees within the Corporation of the Township of Papineau-Cameron.

STATEMENT OF COMMITMENT

The Township of Papineau-Cameron is committed to providing an accessible workplace that welcomes and celebrates diversity and strives to eliminate barriers

PURPOSE

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 101/11, section 28 regarding documented individual accommodation plans.

DEFINITIONS

Disability

As defined by the AODA:

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

Employee

- Notify the Director of Human Resources of the request for an individual accommodation plan.
- Participate in the development of the accommodation plan with the Director of Human Resources and the relevant Supervisor(s).
- Provide medical documentation outlining the disability, and the need for accommodation.
- Request, if desired, the attendance of a workplace co-worker when developing the accommodation plan.
- Participate in an annual meeting with the Director of Human Resources and the relevant Supervisor(s) to review the plan.

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Human Resources

- 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 Supervisor(s), 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 Supervisor(s) on an annual basis.

Managers and Supervisors

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

PROCEDURE

1. The worker shall report any disability to the Director of Human Resources.
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 Disability - Related

Approved by Council Resolution 2015-315 On this 27 day of October, 2015.
 (date) (month) (year)

INDIVIDUAL ACCOMMODATION PLAN DISABILITY-RELATED

The goal of the individual accommodation plan is to assist the employee with restrictions/limitations that are disability-related.

Employee Name:	Department:
Position:	Work Location:
Type of Disability:	
Details of Individual Accommodation:	
Date of Implementation:	Date to be Reviewed:
Employee Signature:	Date:
Supervisor Signature:	Date:
Human Resources Signature:	Date:
For HR Purposes only: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Copy – Employee <input type="radio"/> Copy – Supervisor </div>	

