Reasonable Accommodations Agreement

The purpose of this agreement is to:
- Ensure that both parties, the individual and the employer (supervisor), have an accurate record of what has been agreed to as far as reasonable accommodations for employment.
- Minimize the need to re-negotiate reasonable accommodations every time the employee changes jobs, is re-located or assigned a new manager within the organization.
- Provide employees and their supervisors with the basis for discussions about reasonable accommodations at future meetings.

This is a living document and should be reviewed regularly by both the employee and the supervisor and amended as appropriate.

This agreement allows employees to:
- Explain the impact of your disability on you at work.
- Suggest accommodations that will make it easier for you to do your job.
- Offer further information from your doctor, specialist, or other expert.
- Request an assessment by occupational health, or another expert.
- Review the effectiveness of the accommodations agreed upon.
- Explain any change in your circumstance.
- Be reassured that your supervisor knows what to do if you become unwell at work and who to contact if necessary.
- Know how and when your supervisor will keep in touch with you if you are absent from work because of illness or a disability related reason.

The agreement allows the supervisor to:
- Understand how a particular employee’s disability affects them at work.
- Explain the needs of the business or organization.
- Explain the organization’s attendance and reasonable accommodation policy.
- Recognize signs that an employee might be unwell and know what the employee wants you to do in these circumstances including who to contact for help.
- Know how and when to stay in touch if the employee is out sick.
- Consider whether or not the employee needs to be referred for an assessment by an occupational health or another advisor to help both parties understand what accommodations are needed.
- Review the effectiveness of the accommodations already agreed upon. Explain any change in the employer’s circumstances.
Reasonable accommodations agreement

This is a record of the reasonable accommodations agreed between ________________ (employee’s name) and ______________ (supervisor’s name) of ______________ (company). Date ______________

This agreement may be viewed and amended as necessary with the agreement of both parties:
   At any regular one-on-one meeting
   At a return-to-work meeting following a period of sickness/absence.
   At a six month and/or annual evaluation
   Before a change of job, duties, introduction to new technology, or ways of working.
   Before or after any change in circumstances for either party.

<table>
<thead>
<tr>
<th>Employee</th>
<th>My disability in the workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>My disability has the following impact on me at work</td>
</tr>
<tr>
<td></td>
<td>![Blank space for impact details]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I need the following reasonable accommodations:</th>
<th>Date implemented:</th>
</tr>
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<tbody>
<tr>
<td>![Blank space for accommodations list]</td>
<td></td>
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</tbody>
</table>
## Wellness at work

On a “good day” my disability has the following impact on me at work

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When I am not performing up to expectations. The following symptoms are indications that I am not well enough to be at work

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## Emergency contacts

If I am not well enough to be at work I give permission for my supervisor to contact 911 and/or any of the following emergency contacts in the order of preference indicated below:

<table>
<thead>
<tr>
<th>Preference 1</th>
<th>Preference 2</th>
<th>Preference 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Telephone:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

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I will let you know if there are changes to my condition which have an effect on my work and/or if the agreed accommodations are not working. We will then meet in a private setting, away from co-workers, to discuss any further reasonable accommodations or changes that should be made.
If you notice a change in my performance at work or feel the reasonable accommodations are not working I will meet with you privately to discuss what needs to be done.

**Supervisor**

**Keeping in touch**
If you are absent from work on sick leave or for a reason relating to your disability for more than _ days and have followed the usual procedures for notifying the organization of your absence I will keep in contact with you in the following way:

<table>
<thead>
<tr>
<th>Who will contact whom?</th>
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<table>
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<tr>
<th>How will contact be made? (email, telephone, text)</th>
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<table>
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<tr>
<th>How often? (daily, weekly, monthly)</th>
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<table>
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<tr>
<th>When? (preferred day and time)</th>
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</table>

**Conversations while you are on sick leave**
These are topics we have agreed we will discuss while you are absent, for example:
- How you are feeling
- What I can do to help
- Current work assignments
- Plans for returning to work (phased in if necessary)
- Return to work date:

<table>
<thead>
<tr>
<th>____________________________</th>
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</table>

**Return to work**
When you are ready to return to work after a period of sickness or disability-related absence of more than _ days we will meet to review this agreement and make any necessary adjustments. At this return to work meeting we will also discuss: For example:
- Current work issues
- A phased return/back to work plan
- What to tell the team
Assessments to review existing reasonable accommodations and identify new accommodations that might be needed.

________________________
________________________
________________________

**Unauthorized absences from work**

If you are absent from work and have not followed usual procedures for notifying us that you are sick or absent for a reason relating to your disability we have agreed that I will do the following:

For example:

Try to contact you by your preferred method and/or notify your emergency contact whose up-to-date details are as follows:

________________________
________________________
________________________

An up-to-date copy of this form will be retained by employee/supervisor/HR.

A copy of this form may also be given to a new or prospective supervisor with the prior consent of the employee.

Employee signature: ________________________________

Date: ________________________________

Employer signature: ________________________________

Date: ________________________________