

CONFIDENTIAL



**WORKPLACE ACCOMMODATION FOR EMPLOYEES WITH DISABILITIES
FORM**

Use this form in conjunction with the Workplace Accommodation Request Form to complete your request for disability accommodation as per the Workplace Accommodation Policy and Procedures.

Submit the form and healthcare professional supporting documentation to Sarah Hugenholtz at hr@yorkvilleu.ca.

Any documentation of a personal or medical nature can be submitted to the Human Resources department, who will share (as appropriate) only information related to any work-related restrictions or circumstances that require accommodation. The confidentiality of your personal and/or medical information will be safeguarded by the Human Resources department in accordance with privacy regulations.

Employee Information

Name of Employee:

Gender pronouns (he/his, she/her, they/them, etc.) (Optional):

Employee Acknowledgement & Agreement regarding Confidentiality

I, [insert name], have read Yorkville Education Company's Workplace Accommodation Policy and Procedures and hereby authorize my healthcare professional to provide the information requested in this form to Yorkville Education Company Human Resources.

I understand that the personal information related to my request for workplace accommodation, including any supporting documentation, shall be treated as strictly confidential, and shall not be disclosed to other persons without my consent. Information collected will remain separate from my employee file. I understand that, in order to implement any workplace accommodations, basic information may need to be shared with my immediate supervisor or others involved in the accommodation only to the extent necessary and only with my consent.

Signature:

Date:

CONFIDENTIAL

INFORMATION FOR THE HEALTHCARE PROFESSIONAL

The above mentioned employee is requesting workplace accommodation while employed at Yorkville University/Toronto Film School. The employee is required to supply the University/School with documentation that:

- Provides information regarding functional capacity – any limitations, restrictions or disability related needs to performing the functions of the job
- Recommends any assistive devices equipment or accommodations to enable the employee to perform the functions of the job
- Describes the approximate timeframe for the required accommodation

[Edit to include the definition of disability that pertains to the applicable province. Please note British Columbia human rights legislation does not have a specific definition for physical or mental disability but guidance from case law is provided below.]

Ontario:

The definition of Disability in the Ontario Human Rights Code (“OHRC”, “the Code”) Section 10 of the Code defines “disability” as:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (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, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997

“Disability” should be interpreted in broad terms. It includes both present and past conditions, as well as a subjective component based on perception of disability. Although sections 10(a) to (e) set out various types of conditions, it is clear that they are merely illustrative and not exhaustive.

British Columbia:

The concept of “physical disability” for human rights purposes, generally indicates a:

“physiological state that is involuntary, has some degree of permanence, and impairs the person’s ability, in some measure, to carry out the normal functions of life”

(*Boyce v New Westminster (City)* (1994), 24 CHRR D/441 at para 50 [*Boyce*]).

A “disability” must have a certain level of severity, permanence or persistence (*Li v Aluma Systems and another*, 2014 BCHRT 270 at para 41).

In *Morris v BC Rail*, 2003 BCHRT 14 at para 214 [*Morris*], the Tribunal set out the following three aspects for assessing whether an individual has a physical or mental disability:

1. “[T]he individual’s physical or mental impairment, if any;
2. “[T]he functional limitations, if any, which result from that impairment; and

(c) a mental disorder

CONFIDENTIAL

3. “[T]he social, legislative or other response to that impairment and/or limitations... assessed in light of the concepts of human dignity, respect and the right to equality.”

New Brunswick:

The definition of Mental Disability and Physical Disability in the New Brunswick Human Rights Act (“the Act”) as per Section 2 of the Act is as follows:

“mental disability” includes:

- (a) an intellectual or developmental disability,
- (b) a learning disability, or dysfunction in one or more of the mental processes involved in the comprehension or use of symbols or spoken language, and
- (c) a mental disorder

“physical disability” means any degree of disability, infirmity, malformation or disfigurement of a physical nature resulting from bodily injury, illness or birth defect and includes, but is not limited to, a disability resulting from any degree of paralysis or from diabetes mellitus, epilepsy, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or on a wheelchair, cane, crutch or other remedial device or appliance.

Accommodation Details

Please confirm that there is a disability Yes No

Please provide the following:

- The nature of the disability and how the disability affects the ability to perform the job duties (see attached job description). Please note: we do not require the actual diagnosis.
- Identify the limitations and restrictions that require workplace accommodation.

Please provide your recommendation(s) to accommodate the limitations and/or restrictions as outlined above. If recommending a work schedule modification, please specify details (e.g. how many hours of work per day or per week).

What is the expected duration for this workplace accommodation?

What is the prognosis of the disability?

CONFIDENTIAL

Is the employee undergoing and complying with a program or treatment for improvement? If there are work schedule implications, please include below. Yes No

If applicable, please identify any assistive technologies that are recommended (e.g. work station modification, voice recognition software, screen reader/magnification, alternative formats, etc.) and where relevant, include instruction use (e.g. how much time sitting/standing within workday).

Please add any comments or additional information that you believe is helpful in consideration of the accommodation request.

Form Completed by

Health Care Professional Name:

Health Care Professional Title:

Health Care Professional Signature:

Date:

Thank you for completing this request form. The information provided will be used to facilitate a workplace accommodation for this employee at Yorkville University/Toronto Film School.