

Employee Accommodation Request Form

Confidential – To be submitted to Human Resources

1. Employee Information
Employee Name:
• Job Title:
Department:
Manager/Supervisor:
Work Location:
Email Address :
2. Type of Accommodation Request
☐ Medical / Disability-related
□ Religious / Cultural
☐ Family Status (e.g., caregiving responsibilities)
□ Pregnancy / Parental
□ Other (please specify):
3. Description of Accommodation Request
(Describe the accommodation requested and how it relates to your work duties or environment.)
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4. Reason for Accommodation
(Briefly describe why the accommodation is needed. Do not include confidential medical details.)

OPULENCE EDUCATION GROUP
5. Duration of Accommodation □ Temporary – From: To:
☐ Permanent / Ongoing
□ Unsure
6. Supporting Documentation ☐ Medical note or functional abilities form
\square Religious or cultural documentation
□ Other (please specify):
□ Not applicable
7. Employee Declaration I understand that this request will be reviewed by Human Resources and, if necessary, my manager/supervisor. I consent to the use of the information provided solely for the purpose of assessing and implementing workplace accommodation in accordance with applicable privacy and human rights laws.
Employee Signature: Date:
8. For HR Use Only Date Request Received:
HR Representative:
Next Steps / Follow-up Required:
Additional Documentation Requested:
Decision / Interim Action:
Date Communicated to Employee:

Privacy and Confidentiality Notice:

The information collected in this form will be used solely for assessing and facilitating your accommodation request, in compliance with the British Columbia Human Rights Code, the Alberta Human Rights Act, and applicable privacy laws.