

Accommodation Request Form

Personal Information of Person Requesting Accommodation	
Name:	Employee ID Number:
Department:	Supervisor:
Work Extension:	Other Contact Numbers (ie. cell or home number):
Contact E-mail:	
Reason for Accommodation	
Please specify which of the prohibited grounds of the Human Rights Code apply:	
<input type="checkbox"/> Age	<input type="checkbox"/> Sex (including Pregnancy)
<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Colour	<input type="checkbox"/> Gender Identity
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Expression
<input type="checkbox"/> Creed (Religion)	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Place of Origin	<input type="checkbox"/> Family Status
<input type="checkbox"/> Ethnic Origin	<input type="checkbox"/> Disability
<input type="checkbox"/> Citizenship	
Briefly describe the accommodation that is requested.	
Documentation to substantiate your request is required. Please describe and attach any supporting documentation.	
This request should be sent to the attention of the Director of Human Resources via email.	
Signature:	Date:

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For Human Resources Use Only

Date Received:	
Assigned to:	
Accommodation Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please provide rationale:
Disposition:	
Date File Closed:	
Signature:	

Follow-Up

1 month review	Date:
Recommendations:	
3 month review	Date:
Recommendations:	
6 month review	Date:
Recommendations:	
1 year review	Date:
Recommendations:	

Personal Information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used for the purpose of aggregate statistical reporting, and allocation of staff and resources. Questions about this collection may be directed to the Director of Human Resources, at 905-845-6601, ext. 3244 or P.O. Box 310, 1225 Trafalgar Road, Oakville, ON L6J 5A6