



MEDICINE HAT PUBLIC SCHOOL DIVISION

Employee Request for Accommodation – COVID-19 Harm Reduction Policy

To be filled out for all employees requesting an accommodation to the **COVID-19 Harm Reduction Policy**.

DO NOT DISCLOSE PRIVATE MEDICAL INFORMATION ON THIS FORM.

To be filled out for accommodation requests based upon protected grounds as per *Alberta Human Rights legislation*.

Employee Name:	Employee #	
Current Position:	School:	
Phone Number:		
Which Human Rights ground(s) is your accommodation request related to? <input type="checkbox"/> Religion <input type="checkbox"/> Medical Disability <input type="checkbox"/> Other		
Please describe the accommodation(s) you are requesting, including specific restrictions and limitations. Do not disclose medical information on this form.		
How will this accommodation support your ability to perform the duties of your position?		
Do you have documentation to support your request?		

I understand that I am to fully participate in the accommodation process and that I have the following responsibilities:

- Consult with appropriate resources to determine if the proposed accommodation options meet my restrictions and limitations.
- Cooperate and participate in any reasonable accommodation opportunity or other requirement in the accommodation process.
- Inform a Vaccination Coordinator or Human Resources if my restrictions or limitations change, and submit updated documentation.
- Cooperate and maintain contact with Human Resources (or Vaccination Coordinator), my supervisor, benefit providers (if applicable), and the union (if applicable).
- Participate in modified work and communicate if circumstances or needs change and/or the plan is no longer appropriate or required.
- Comply with notice requirements for return to full duties as set out under any applicable collective agreement or terms and conditions of employment.
- When I am able, assist with the accommodation process by providing ideas for modification or adjustment of my current position, or identifying alternate job postings if my current position is not an option that fits within my restrictions and limitations.

Employee Signature	Date (yyyy-mm-dd)
Received by Human Resources on (yyyy-mm-dd)	

Email completed form to: securesubmit@sd76.ab.ca