



Employee Details	
Employee Name	
Position	
Office	

Accommodation Details	
I have read the Equity, Diversity & Duty to Accommodate Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the type of workplace accommodation being requested (e.g. flexible scheduling, assistive technology, workstation adjustments, alternative format).	
Describe why the accommodation is required to perform your job duties (list the functional limitations and/or systemic barriers).	
<i>Note, if the limitations are as a result of a medical condition, we do not require, nor ask for diagnosis information. Please have your physician provide verification that this accommodation is required</i>	
What is the expected duration for tis workplace accommodation?	

Employee Acknowledgement & Agreement

Confidentiality:

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. I understand that, in order to implement any workplace accommodations, basic information may need to be shared with my immediate supervisor or others only to the extent necessary and only with my consent.

Signature

Date

Please submit a PDF of the complete form to HR@mltaikins.com