



PROCEDURE

TOWNSHIP OF UXBRIDGE

SUBJECT: ACCESSIBILITY STANDARD FOR EMPLOYMENT-
ACCESSIBLE EMPLOYMENT ACTIVITIES
ACCOMMODATION

DEPARTMENT: ALL

DATE ORIGINATED: February, 2013

REFERENCE: Accessibility for Ontarians with Disabilities Act, 2005
(AODA).

Integrated Accessibility Standards Regulation,
Ontario Regulation 191/11

Workplace Safety & Insurance Act, S.O. 1997

Ontario Human Rights Code, R.S.O. 1990

Municipal Freedom of Information and Protection of
Privacy Act, R.S.O. 1990

1. BACKGROUND:

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) received Royal Assent on June 13th, 2005 and is legislation which impacts persons, businesses and other organizations across Ontario in both the Public and Private sector. The main purpose of the legislation is the achievement of accessibility for all Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, building structures and premises on or before January 1st, 2025, by developing, implementing and enforcing standards of accessibility. Compliance is mandatory and AODA has strong enforcement provisions including inspections, orders and significant penalties.

As part of the ongoing requirements under AODA and Ontario Regulation 191/11, the Integrated Accessibility Standards Regulation (IASR), an obligation dealing with individual employment activities accommodation was developed. The requirement

specifically concerns: recruitment and selection, orientation, working conditions, promotion, training, performance management, career development and workforce transition. It also includes the purchase and management of information technology and communication systems, development and management of information services, decisions relating to real property, purchases of internal fittings and decisions related to conferences, seminars and training. If employees or potential employees request individual employment activities accommodation the Township must attempt to develop and deliver individualized plans short of undue hardship for the Township.

2. DEFINITIONS:

Accommodation:

Universal Accommodation: The process of identifying and eliminating barriers for everyone. This can be done by modifying facilities, policies, programs, procedures and practices, and ensuring that potential barriers are identified and resolved before engaging in new corporate actions.

Individual Accommodation: An adaptation or adjustment that may be required to enable an employee to perform his or her essential job responsibilities effectively. This may involve purchasing equipment, changing certain duties or hours of the employee, reassignment of the employee, or provision of specific services such as providing attendant care or sign language interpretation.

Barrier: An obstacle that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

Disability: Under section 10(1) of the Human Rights Code, "Disability" means:

- (i) 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, including 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;
- (ii) a condition of mental impairment or developmental disability;
- (iii) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- (iv) a mental disorder;
- (v) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997

- (vi) Disability does not include a minor or common medical condition such as a cold, flu or minor backache that arises from the stresses, pains and inconveniences of everyday life. Disability may be temporary, short-term, long-term or permanent.

Discrimination: Unequal treatment based upon any of the prohibited grounds as outlined in the Human Rights Code: Race, Ancestry, Creed, Place of Origin, Colour, Sex (including pregnancy), Ethnic Origin, Citizenship, Sexual Orientation, Age, Record of Offences, Marital Status, Same-sex Partnership Status, Family Status or Disability.

Senior Management: Shall mean the respective Department Head of the employee or potential employee seeking accommodation, the CAO and at the discretion of the CAO, the Council of the Corporation of the Township of Uxbridge. At all times Senior Management shall include external healthcare professionals and/or external human resources professionals as per Overarching Procedures - Section 5.7.

Undue Hardship: Excessive disruption of, or interference with the Township's operation. Two of the main relevant factors determining what constitutes undue hardship are:

Financial Costs: Associated with the accommodation are prohibitive to the point that it would alter the nature or substantially affect the viability of the Corporation of the Township of Uxbridge. The Township is expected to canvas funding, and as such outside funding will be considered in the costs determination.

Health and Safety Risks: May be considered, in particular the degree of risk to the remainder of the workplace after the accommodation has been made, whereby it is so significant that it outweighs the benefits of the accommodation. Both public safety and the health and safety of employees are key considerations.

3. OVERVIEW:

“The Township of Uxbridge is dedicated to promoting, enhancing and creating, a barrier-free environment for all persons, regardless of needs, to participate as fully as possible in all aspects of community life.”

The Township of Uxbridge is an equal opportunity employer. The Township's commitment to a holistically inclusive work environment and universal accommodation extends to all employment activities: recruitment and selection, orientation, working conditions, promotion, training, performance management, career development and workforce transition. It also includes the purchase and management of information technology and communication systems, development and management of information services, decisions relating to real property,

purchases of internal fittings and decisions related to conferences, seminars and training.

Prospective Township employees may request accommodation for an interview or test; qualified candidates offered employment may request accommodation to start a new job; and current employees may request accommodation to pursue training opportunities. The duty to accommodate recognizes that true equality means respect for a person's unique needs. As such, the guiding factors of the Township Employment Activities Accommodation Policy are listed below:

Individual Assessment: Individual accommodation is assessed and delivered on a singular basis for persons who make their needs related to employment activities known. Each situation must be considered individually in order to assess appropriate accommodation. Requests for employment activities accommodation must be dealt with quickly and effectively so employees and potential employees can fully participate in all aspects of employment and recruitment, except where undue hardship can be demonstrated.

Dignity and Privacy: Individuals must be accommodated in ways that respect their dignity, worth, and right to privacy in the workplace. All information relating to specific requests for accommodation will be treated as confidential and will only be used for the purpose of meeting accommodation requirements. The Township will comply with all privacy, confidentiality and security requirements of the Municipal Freedom of Information and Protection of Privacy Act.

Legal Obligations and Limits: Employment activities accommodation is a legal obligation for the Township under the Human Rights Code, AODA and related legislation; failure to accommodate on any of the Code's protected grounds or relevant legislation regulations may constitute discrimination.

The Township is obligated to fully explore accommodation within the employee's own job. Accommodation outside of the employee's position may be considered; for example, when the employee cannot perform the essential duties of the position and accommodation in the current position would create undue hardship. However, this does not mean that a new job must be created for an employee, nor does the application of this policy constitute a guarantee to continued employment. The Township is not obligated to accept substandard or less than competent performance from an employee or potential employee once they have been accommodated.

The Township as Employer has the right to ensure that accommodation results in a qualified employee performing meaningful work of benefit to the Township. Accommodation is intended to enable an employee to perform the essential core functions of a particular job and/or assignment.

4. RESPONSIBILITIES:

Accommodation within the workplace is a multi-party process whereby the Township, the employee and, where applicable, the respective bargaining unit are responsible for actively contributing to the process in compliance with the relevant legislation.

Senior Management

- Develop a temporary or permanent modified work plan in collaboration with external professionals where required.
- Remain receptive to the varying methods capabilities can be accommodated.
- Document all details of the accommodation process – be specific and thorough.
- Maintain confidentiality.
- Make every effort to communicate with employees failing to correspond with the Township during an absence.
- Liaise with Union representatives where applicable.
- Retain copies of permanent and/or temporary modified work plans for accommodation in the respective employee file.
- Forward copies of accommodation plans for occupational disabilities to The Workplace Safety and Insurance Board (WSIB), as required.
- Coordinate third-party Functional Abilities Evaluations and other Assessments.
- Advise the employee of the availability of the Individual Employee Activities Accommodation Policy.
- Provide leadership in creating and maintaining workplaces that support and facilitate individual employment activities accommodation.
- Address co-worker cooperation issues throughout the individual employment activities accommodation process.

Employees Seeking Accommodation

- Make accommodation needs known to the Township of Uxbridge, to the best of their ability.
- Provide timely, accurate and objective medical information (progress reports) - specific information about capabilities, to the satisfaction of Senior Management is a requirement.
- Participate in discussions regarding possible modified work solutions.
- Cooperate and abide by the terms and conditions of the modified work plan.
- Promptly advise Senior Management of difficulties experienced in the modified work plan.
- Promptly inform Senior Management of changes regarding capabilities that may alter or end the need for accommodation.
- Accept reasonable offers of accommodation.

- Attend medical and/or therapy appointments during non-work hours; difficulties with these arrangements must be coordinated with Senior Management.
- Bear the cost of any medical information or documentation when appropriate.
- Co-operate with requests for information about capabilities supported with independent medical evaluations, when required, to provide clear and sufficient information to support individual employment activities accommodation plan.
- Accept an individual employment activities accommodation solution that meets the employee's accommodation needs and treats the employee with dignity, even if the solution is not necessarily the one the employee would have preferred.

Union

- Remain receptive to the varying methods capabilities can be accommodated.
- Cooperate and not unreasonably block viable return to work options.
- Make reasonable efforts to place accommodated workers.
- Consider the impact of the modified work plan on both the organization and other employees whom the Union represents.

5. OVERARCHING PROCEDURE:

- 5.1 All corporate documents shall feature the "Alternate Formats" clause as per the Township of Uxbridge - Alternate Formats Policy:

"Township of Uxbridge documents are available in alternate formats upon request. Please fill out the Request for Alternate Formats Form at www.town.uxbridge.on.ca or contact the Accessibility Coordinator at 905-852-9181 ext. 209 or at accessibility@town.uxbridge.on.ca"

- 5.2 All corporate documents pertaining to employment activities: recruitment and selection, orientation, working conditions, promotion, training, performance management, career development and workforce transition shall feature the Township of Uxbridge Employment Activities Accommodation clause:

"The Township of Uxbridge is an Equal Opportunity Employer.

If you require accommodation at any time throughout the employment activities process, please contact us at: 905-852-9181 ext. 209, accessibility@town.uxbridge.on.ca or by visiting www.town.uxbridge.on.ca and we will make every effort to provide appropriate assistance pursuant to the Township of Uxbridge Employment Activities Accommodation Policy."

- 5.3 All employees and potential employees will be notified of the Township of Uxbridge Employment Activities Accommodation Policy.
- 5.4 During the recruitment process all job descriptions shall list a summary of the physical and cognitive demands of the position.
- 5.5 Employees and potential employees seeking individual employment activities accommodation shall request individual employment activities accommodation in writing using the Township of Uxbridge Employment Activities Accommodation Request Form, attached hereto as Appendix 'E', giving as much notice as possible to Senior Management to initiate accommodation proceedings and then be referred to Appendix 'A' Accommodation – Permanent Restrictions Policy or Appendix 'B' Accommodation – Temporary Restrictions Policy.
- 5.6 It is incumbent upon each individual employee or potential employee to request individual employment activities accommodation to Senior Management.
- 5.7 If accommodation issues are beyond the scope and expertise of Senior Management, an external professional's advice shall be sought outside the Township. Supporting or expert documentation shall be required to verify the need for accommodation. This information should be limited to facts relevant to identifying the appropriate accommodation. In cases involving accommodation of persons with a disability, employees have a right to privacy and need only provide information about their functional capabilities, not the specific details of their disability. In some circumstances, medical information may be required to verify a disability or clarify the time period for accommodation. Medical reports will be treated as strictly confidential and only shared on a need-to-know basis, with consent of the employee.
- 5.8 The duty to accommodate does not create an endless obligation on the Township. Circumstances of the individual, the ability to perform the essential duties of the job, the success of accommodation attempts, the co-operation of the employee and performance issues will all be relevant in determining where the duty to accommodate ends.
- 5.9 Employees requiring permanent accommodation shall refer to Appendix 'A' – Accommodation – Permanent Restrictions Policy. Employees requiring temporary accommodation shall refer to Appendix 'B' – Accommodation – Temporary Restrictions Policy.

EFFECTIVE DATE OF POLICY

This policy shall take effect on the date of approval by Council of the Township of Uxbridge.

APPENDIX 'A'



Corporation of the Township of Uxbridge POLICY

Date of Council Approval:

Date of Latest Revision:

Policy Name: **Accommodation – Permanent Restrictions Policy**

1. POLICY

- 1.1 The Township of Uxbridge will make every attempt possible to accommodate job applicants and employees with permanent medical restrictions to the point of undue hardship.

2. OBJECTIVE

- 2.1 The objective of this policy is to facilitate the process for the reintegration of employees with permanent or long-term disabilities into the work environment in a safe and timely manner, through accommodation and/or modified work plan.
- 2.2 Employees who have temporary medical restrictions, whereby it is the expectation that the employee will make a full return to regular duties, should be referred to the Appendix 'B' Accommodation – Temporary Restrictions Policy.

3. PROCEDURES

- 3.1 The fundamental consideration of the duty to accommodate is individualized treatment reflective of the specific needs or restrictions of each individual.
- 3.2 The employee will provide to Senior Management an objective medical report issued by a health care professional. The report will state that the current restrictions are not expected to change and that the

employee has reached maximum medical recovery (may be defined as: prolonged, indefinite, or unknown). The report must clearly state the recommended work capabilities of the employee. The employee shall forward the report directly to Senior Management. The WSIB Return to Work and Recovery – Worker’s Progress Report Form, attached hereto as Appendix ‘C’, may be used for occupational or non-occupational injuries/illnesses, if Senior Management deems it appropriate.

- 3.3 It is not appropriate to pursue accommodation in the absence of clear medical report information. Senior Management may request medical report clarification from the employee.
- 3.4 It may be necessary for a WSIB Functional Abilities Evaluation (FAE), attached hereto as Appendix ‘D’, to be conducted. This objective tool is obtained from an outside third party health care professional and assists in determining suitable job duties based on the employee’s functional abilities. The FAE is coordinated through Senior Management and paid for by the originating department.
- 3.5 Senior Management may use the information provided by the health care professional from Section 3.2 and/or Section 3.4 to develop a modified work plan to safely accommodate the employee with the appropriate modified work tasks.
- 3.6 In the event of an occupational disability, the employee may be entitled to retraining benefits through the WSIB. The WSIB will determine when and if retraining is necessary, and is responsible for coordinating the details necessary to pursue the retraining. Retraining benefits through WSIB pose a significant financial consideration for the Township.
- 3.7 In the event of non-occupational disabilities, long-term disability benefits may be available, at the discretion of Senior Management, for full-time employees who are unable to perform substantially all of the duties of their job classification.
- 3.8 Accommodation - Same Job Classification
 - (i) Senior Management will prepare a list of tasks and parts of tasks which are determined to be compatible with the employee’s capabilities and within the scope of the employee’s job classification. It is not a requirement that the employee be able to perform all of the job tasks.
 - (ii) To assist the employee in performing job tasks or parts of tasks that accommodate his or her restrictions; at the discretion of

Senior Management, consideration shall be given to the purchase and/or utilization of special devices or equipment.

- (iii) Consideration shall be given to tasks or parts of tasks that are performed by other employees within the same job classification to determine if they could be assigned in a different manner. This is referred to as “bundling of tasks”. Bundling is not limited by factors such as the current work location or job routine.
- (iv) The final list of tasks and portions of tasks identified as suitable by Senior Management may encompass less than the employee’s normal hours of work. This may present challenges if the employee has full-time status and consideration may be given to accommodation within a different job classification.
- (v) Accommodation may be best achieved within another department. Senior Management will consult with the respective Department Head and Union, where applicable, regarding the potential arrangements.

3.9 Accommodation – Different Job Classification

- (i) When accommodation within the same job classification cannot be achieved, or when the employee is reasonably unwilling to accept accommodation involving less than his or her normal hours of work, the following process will apply:
- (ii) Senior Management will identify suitable positions that are compatible with the employee’s permanent restrictions, considering other job classifications in the same department and other job classifications outside of the department.
- (iii) Senior Management will meet for the purpose of reviewing and recommending appropriate individual case strategies for:
 - a) safe and successful return to work of employees with disabilities as soon as possible after an illness or accident, work-related or non work-related; and
 - b) the return to productive and gainful employment, where practicable, for employees who have become incapable of fully performing the core duties of their own classification but who are medically certified as capable of performing duties of another classification, with reasonable accommodation where required.
- (iv) Senior Management may consider issues including, the waiving of job postings and the transfer of seniority dates when an

employee transfers outside the job classification or department. Senior Management and the respective bargaining unit, where applicable, will work cooperatively to reach agreement on such issues.

- (v) Retraining or upgrading of skills may be necessary to achieve placement in another position. Consideration will be given to absorbing the costs associated with this initiative, provided that the costs do not result in undue hardship and the training is reflective of the operational requirements of the organization.
- (vi) An Employee may be asked to provide an updated resume and participate in a skills assessment process to determine their current skill level.
- (vii) Senior Management may identify a number of productive tasks that could be bundled together to form a meaningful and productive position.
- (viii) The employee's salary placement will reflect the new job classification and shall be referred to the Job Evaluation Committee where applicable. If the accommodation arises from a workplace injury, salary supplement or "top up" may be possible through WSIB.

4. DUTY TO ACCOMMODATE

- 4.1 The duty to accommodate does not require the displacement of other employees, nor does it require measures to be taken that would substantially interfere with the seniority rights of other employees.
- 4.2 Ultimately, Senior Management must be able to demonstrate that it has followed the appropriate process for exploring all possible accommodations. The obligation on the Township is to provide reasonable accommodation.
- 4.3 To prove that accommodation efforts were sincere and reasonable, the Township will demonstrate that it has engaged in a process that includes, but is not limited to:
 - (1) Determining if the employee is capable of performing his or her existing job as it currently exists;
 - (2) If (1) is not possible, reconfigure or modify tasks within the current job classification;

- (3) If (2) is not possible, make a determination as to whether the employee is able to perform another job, which may be within or outside his or her department; and
- (4) If (3) is not possible, determine whether the employee can perform another job which may be within or outside his or her department, where applicable, when accommodations are implemented.

4.4 Senior Management is not required to put together a job that has little productive value.

5. APPLICATION

5.1 This policy applies to all Township Employees. Where the employee is part of a Union, the Collective Agreement may take precedence.

APPENDIX 'B'



Corporation of the Township of Uxbridge POLICY

Date of Council Approval:

Date of Latest Revision:

Policy Name: **Accommodation – Temporary Restrictions Policy**

1. POLICY

- 1.1 The Township of Uxbridge will make every attempt possible to accommodate job applicants and employees with any condition that restricts or impairs an individual on a temporary or short-term basis necessitating temporary medical restrictions.

2. OBJECTIVE

- 2.1 The objective of this policy is to facilitate the process for the reintegration of employees with temporary disabilities into the work environment in a safe and timely manner, through a modified work plan, and to regularly review progress.
- 2.2 To ensure that all job applicants and employees are aware of their right to accommodation.
- 2.3 To be in compliance with applicable legislation.
- 2.4 Employees who have permanent medical restrictions, which may include a recurring medical condition, are referred to Appendix 'A' Accommodation – Permanent Restrictions Policy.

3. PROCEDURES

- 3.1 The fundamental consideration of the duty to accommodate is individualized treatment reflective of the specific needs or restrictions of each individual.

- 3.2 Job applicants requesting accommodation shall be accommodated during the application process to the extent required by law.
- 3.3 Senior Management shall coordinate such accommodation efforts as are required by law for job applicants.
- 3.4 It may be necessary for a WSIB Functional Abilities Evaluation (FAE), attached hereto as Appendix 'D', to be conducted. This objective tool is obtained from an outside third party health care professional and will provide clear temporary capabilities and/or restrictions, including the duration, and whether a complete recovery is expected, assisting in the development of an early and safe return to work plan based on the employee's functional abilities. The FAE is coordinated through Senior Management and paid for by the originating department.
- 3.5 The employee will provide to Senior Management an objective medical report issued by a health care professional. The report must clearly state the recommended restrictions for the employee. The employee shall forward the report directly to Senior Management. The WSIB Return to Work and Recovery – Worker's Progress Report Form, attached hereto as Appendix 'C', may be used for occupational or non-occupational injuries/illnesses, if Senior Management deems it appropriate.
- 3.6 Senior Management may use the information provided by the health care professional from Section 3.4 and/or Section 3.5 to develop a temporary modified work plan to safely accommodate the employee with the appropriate temporary modified work tasks.
- 3.7 Work plans will be progressive and lead the employee to the resumption of full regular duties. The plan may incorporate temporary modified tasks and hours or a combination of both.
- 3.8 Prior to the commencement of the temporary modified work plan, there must be an expectation, stated in writing from a health care professional, of a full return to regular duties within a short period of time (usually within 3 months). This will be clearly documented on the temporary modified work plan.
- 3.9 Depending on the nature of the disability, there may be exceptions to details outlined in Section 3.8; clarification may be required from a health care professional before developing a temporary modified work plan.
- 3.10 The employee will provide regular medical progress reports from a health care professional at approximately 2 week intervals to Senior

Management, these dates will be clearly stated on the temporary modified work plan. Without updated medical information, the plan may not be extended.

- 3.11 As medical updates are received, Senior Management will ensure that the temporary modified work plan is compatible with the new and most current medical information.
- 3.12 The disability or condition should improve while the employee is on the temporary modified work plan; clarification will be requested from a health care professional if there are little or no signs of improvement. Continuation of the temporary modified work plan may be delayed until clarification is provided.
- 3.13 A change in the health care professional's assessment, which reflects that the disability is unknown or permanent in nature, necessitates referring to the Appendix 'A' - Accommodation – Permanent Restrictions Policy.
- 3.14 Temporary modified work for occupational and non-occupational disabilities may include the following within the department, where applicable:
 - (i) regular duties or routines with restrictions;
 - (ii) modification of work schedule;
 - (iii) modification of tasks and/or duties within the current job classification;
 - (iv) short-term approved projects;
 - (v) changing the environment in which the tasks are performed in.

Assigning tasks that belong to the regular job classification is preferable, facilitating a smoother transition from modified to regular duties.

- 3.15 As noted in Section 3.14, assigning tasks that belong to the regular job classification is preferable; however the temporary modified work plan may include tasks that do not belong to the employee's regular job classification.
- 3.16 The employee's salary placement will reflect the job classification and shall be referred to the Job Evaluation Committee where applicable. If the accommodation arises from a workplace injury, salary supplement or "top up" may be possible through WSIB.
- 3.17 Additional hours that exceed the assigned number of hours in a particular shift are not considered rehabilitative and are not acceptable during a temporary modified work plan, unless medical documentation

is provided stating that working extra hours will not impact on the period of modified work, or recovery, in accordance with operational needs.

4. APPLICATION

- 4.1 This policy applies to all Township of Uxbridge Employees and job applicants. Where the employee is part of a Union, the Collective Agreement may take precedence.

Mail To:
200 Front Street West
Toronto ON M5V 3J1

OR Fax To:
416-344-4684
OR 1-888-313-7373

41 Worker's Progress Report (Form 41)

Claim Number	Desk No.	Alloc. No.
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Please PRINT in black ink

Worker's Name	Original Date of Accident/Injury	Injury
Accident Employer Name	If any information is incorrect, please provide the changes here:	

1. Please check which status best describes your current condition Describe any details or changes to your condition

Recovered Getting Better
 No Change Getting Worse

2. Who is the primary health professional directing your current treatment?

Name _____ Date of last visit dd mm yy _____ Date of next visit dd mm yy _____

3. Please specify any referrals you have not yet reported to the WSIB

no new referrals testing (e.g. labs, x-rays, CT Scan, MRI, etc.) specialist other (specify) _____

Name/Facility _____ Date of that appointment dd mm yy _____

4. Are you presently taking any drugs/medications or using an assistive device/brace for this injury? yes no
If **yes**, list names _____

5. Have you worked for any employer(s) or were you self employed between the first day off and now? yes no
If **yes**, provide details including dates, name/address of employer/company _____

6. Choose **one** of the following that best describes your **current** situation. **For this claim,**

I **have not** lost any time or pay from work (complete **only** question 7)
 I **have** lost time and/or pay and **have** returned to work (complete **only** questions 7 and 8)
 I **have** lost time and **have not** returned to work (complete **only** questions 9 to 12)

7. Was your return to work to a) <input type="checkbox"/> regular work OR <input type="checkbox"/> modified work b) <input type="checkbox"/> regular pay OR <input type="checkbox"/> lower pay c) <input type="checkbox"/> regular hours OR <input type="checkbox"/> less hours	8. Date of your return to work dd mm yy _____
9. Have you talked to your health professional about return to work? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , date of last discussion dd mm yy _____ and have they determined your work limitations or functional abilities? <input type="checkbox"/> yes <input type="checkbox"/> no	10. Have you talked to your employer about return to work? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , date of last discussion dd mm yy _____ name of person you talked to _____
11. Has any type of work been offered to you? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , provide details _____	
12. Are there any other factors that are preventing you from returning to work? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , provide details _____	

It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board. I declare that all of the information provided on this page is true.

Signature	Date dd/mm/yy
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Functional Abilities Form

for Planning Early and Safe Return to Work

Health Professionals, please use this form ONLY when requested by an employer or worker.

The purpose of this form is to identify your patient's overall functional abilities and work restrictions that will assist his/her return to suitable work.

Please promptly complete and return pages 2 and 3 of this form to the worker or employer to assist the workplace parties in planning an early and safe return to work.

PLEASE ENSURE YOUR BILLING INFORMATION IS NOT GIVEN TO THE WORKER OR EMPLOYER.

Authority to Release Information

Section 37(3) of the *Workplace Safety and Insurance Act, 1997* provides the legal authority for health professionals to give the Workplace Safety and Insurance Board (WSIB), the injured worker and the employer such information as may be prescribed concerning the worker's functional abilities.

When completing this report, please **print in black ink**.

Worker and/or employer should complete Sections A and B of this report. If your patient needs assistance, please help. Please submit this report even if Section A is not fully completed.

Information about your responsibilities can be found on **Page 4**.

The WSIB will pay health professionals for completing this form.

Mail to:
Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1

OR

Fax to:
416-344-4684
or 1-888-313-7373



Please PRINT in black ink

Claim No.

A. Section A to be completed by the employer and/or worker.

Worker's Last Name	First Name	Telephone
Address (no., street, apt.)	City/Town	Province
		Postal Code

Employer's Name		
Full Address (No., Street, Apt.)		
City/Town	Prov.	Postal Code

Date of Birth (dd/mm/yyyy)
Date of Accident/Awareness of Illness (dd/mm/yyyy)
Employer Telephone
Employer Fax No.

1. Type of job at time of accident (where available, please attach description of job activities)	Area(s) of injury(ies)/illness(es)
2. Have the worker and the employer discussed Return To Work <input type="checkbox"/> yes <input type="checkbox"/> no	If no, will be discussed on dd mm yyyy
3. Employer contact name	Position

B. Worker's Signature

By signing below, I am authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board (WSIB) with information about my functional abilities on the WSIB's "Functional Abilities for Planning Early and Safe Return to Work" form.

Signature	Date dd mm yyyy
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C. Health Professional's Billing Information

For billing purposes fax or mail pages 2 and 3 to the WSIB.

Health Professional's Designation
 Chiropractor Physician Physiotherapist Registered Nurse (Extended Class) Other

PROVIDER BILLING INFORMATION IN THE BOLDED AREA OF SECTION C SHOULD NOT BE PROVIDED TO THE WORKER OR EMPLOYER.

Are you registered with the WSIB? <input type="checkbox"/> yes Please enter the WSIB Provider ID. in the box provided <input type="checkbox"/> no Please call 1 - 800-569-7919 to register	WSIB Provider ID.
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Health Professional's Name (please print)	Your Invoice Number
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Address (No. Street, Apt.)	Service Code FAF
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City/Town	Province	Postal Code	Fax
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I hereby declare that the information being submitted in Sections C, D, E and F of this form is true and complete. It is an offense to knowingly make a false or misleading statement or representation to the WSIB.

Health Professional's Signature	Telephone	Date dd mm yyyy
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Please PRINT in black ink

Worker's Last Name	First Name	Claim No.
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D. The following information should be completed by the Health Professional to identify the patient's overall abilities and restrictions.

1. Date of Assessment dd mm yyyy	2. Please check one: <input type="checkbox"/> Patient is capable of returning to work with no restrictions. <input type="checkbox"/> Patient is capable of returning to work with restrictions. Complete sections E and F. <input type="checkbox"/> Patient is physically unable to return to work at this time. Complete section F.
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E. Abilities and/or Restrictions

1. Please indicate Abilities that apply. Include additional details in section 3

Walking: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100 - 200 metres <input type="checkbox"/> Other (please specify)	Standing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 - 30 minutes <input type="checkbox"/> Other (please specify)	Sitting: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> Other (please specify)	Lifting from floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify)
Lifting from waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 - 10 kilograms <input type="checkbox"/> Other (please specify)	Stair climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5 - 10 steps <input type="checkbox"/> Other (please specify)	Ladder climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> 1 - 3 steps <input type="checkbox"/> 4 - 6 steps <input type="checkbox"/> Other (please specify)	Travel to work: Ability to use public transit: <input type="checkbox"/> yes <input type="checkbox"/> no Ability to drive a car: <input type="checkbox"/> yes <input type="checkbox"/> no

2. Please indicate Restrictions that apply. Include additional details in section 3

<input type="checkbox"/> Bending/twisting repetitive movement of (please specify)	<input type="checkbox"/> Work at or above shoulder activity:	<input type="checkbox"/> Chemical exposure to:	<input type="checkbox"/> Environmental exposure to: (e.g. heat, cold, noise or scents)	<input type="checkbox"/> Limited use of hand(s): Left: <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify) Right: <input type="checkbox"/>
<input type="checkbox"/> Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Operating motorized equipment: (e.g. forklift)	<input type="checkbox"/> Potential side effects from medications (please specify) Do not include names of medications.	<input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm	

3. Additional Comments on Abilities and/or Restrictions.

4. From the date of this assessment, the above will apply for approximately: <input type="checkbox"/> 1 - 2 days <input type="checkbox"/> 3 - 7 days <input type="checkbox"/> 8 - 14 days <input type="checkbox"/> 14 + days	5. Have you discussed return to work with your patient? <input type="checkbox"/> yes <input type="checkbox"/> no
6. Recommendations for work hours and start date: <input type="checkbox"/> Regular full-time hours <input type="checkbox"/> Modified hours <input type="checkbox"/> Graduated hours	Start Date dd mm yyyy

F. Date of Next Appointment

Recommended date of next appointment to review **Abilities and/or Restrictions.** dd mm yyyy

I have provided this completed Functional Abilities Form to: **Worker** **and/or** **Employer**

Important Information

To receive benefits, the worker must apply for benefits within six months of the date of a work-related injury or illness. When filing a claim for benefits, the worker must also consent to the disclosure of functional abilities information provided by a health professional to his or her employer for the purpose of facilitating an early and safe return to work. Failure to file a claim or provide consent for the release of the functional abilities information can result in no benefits.

If you have questions about the completion of this form please call 1-800-387-0750.

Worker's Responsibilities

- This form is to be completed by a treating health professional, who will discuss the information with you.
- Once completed, contact your employer **immediately** to review the information on the completed form. Together, you and your employer will begin to plan an early and safe return to work.

Employer's Responsibilities

- This form provides general information about this worker's functional abilities and restrictions to help you plan an early and safe return to work.
- When you provide this form to the treating health professional, ensure that you have the worker's signed consent (Section B) for the release of functional abilities information.
- Where available, also attach a description of the worker's job activities to assist the health professional in completing the form.
- The prescribed form that is available from the WSIB is a generic form developed to assist with general functional abilities information.
- The WSIB will pay the health professional to complete the prescribed WSIB form only. A charge will appear on your Accident Cost statement or Schedule 2 Invoice which reflects the cost of payment for each form completed.
- If you have a form that is specific to your workplace and have the cooperation of the worker in providing consent for the release of information on your form, you may use your own form. If you create your own form, you must reimburse the health professional directly.
- Do not send a copy of the completed Functional Abilities Form for Planning Early and Safe Return to Work to the WSIB. The health professional is responsible for submission of the form.

Health Professional's Responsibilities

- The employer and worker will use this information to plan the worker's early and safe return to work.
- Their return to work plans will reflect the functional abilities and restrictions you have noted and presume that no clinical contraindications exist for other work activities, therefore it is crucial that all sections be completed in full.
- The completion of this form is based on your examination of the worker and does not require a specialized functional abilities evaluation.
- Diagnostic or confidential information **must not** be included.
- Please add specific information on the duration of temporary restrictions or maximum times or weights to be considered, in section **E3** under **abilities and/or restrictions**. If necessary, attach an additional page to this completed form to describe abilities and restrictions.
- **Completion of this form does not replace clinical reporting requirements to the WSIB.**
- **Once you have received this form, promptly complete it and give it to the worker and/or employer.**
- **For billing purposes fax or mail pages 2 and 3 to the WSIB. When faxing, do not mail a copy.**

The WSIB will pay the health professional for the completed form when pages 2 and 3 are received.

Workplace Safety and Insurance Board
200 Front Street West
Toronto ON M5V 3J1

WSIB Fax 416-344-4684
or 1-888-313-7373



The Corporation of the

Township of Uxbridge

In The Regional Municipality of Durham

Town Hall
51 Toronto Street South
P.O. Box 190
Uxbridge, ON L9D 1T1
Telephone (905) 852-9181
Facsimile (905) 852-9674
Web www.town.uxbridge.on.ca

Employment Activities Accessibility Accommodation Request

The Township of Uxbridge is an Equal Opportunity Employer.

If you require accommodation at any time throughout the employment activities process, please contact us at: 905-852-9181 ext. 209, accessibility@town.uxbridge.on.ca or by visiting www.town.uxbridge.on.ca and we will make every effort to provide appropriate assistance pursuant to the Township of Uxbridge Employment Activities Accommodation policy.

Township of Uxbridge documents are available in alternate formats upon request. Please fill out the Accessibility Request for Alternate Formats Form at www.town.uxbridge.on.ca or contact the Accessibility Coordinator at 905-852-9181 ext. 209 or at accessibility@town.uxbridge.on.ca.

Current Position: _____

Responsibilities: _____

What Specific Accommodation are you requesting?

Do you have any suggestions about what reasonable options we can explore? Yes No

Please Explain:

What, if any employment activity are you having difficulty performing or accessing?

Do you have any other comments?

Contact Information

Name: _____

Signature: _____

Address: _____

Date: _____

Phone No.:(Day) _____ (Evening) _____

E-mail Address: _____

Preferred Method of Contact Mail Phone E-mail

NOTE: Personal information on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act R.S.O. 1990, c.F.31, s. 39 (2) for the purposes of improving customer service. Questions about collection of personal information may be directed by mail to the address above.