



The PHO direction regarding working during the COVID-19 epidemic calls for certain adjustments. In light of the temporary nature of the restrictions, an expedited process for accommodating employees to the point of undue hardship becomes necessary. The information collected on this form will be used solely for the determination of COVID-19 related accommodation needs and in ensuring a continued safe workplace.

Please complete this form only if you temporarily need to be accommodated for COVID-19/ or related reasons.
Employees are responsible for any cost associated with the completion of this form.

TO BE COMPLETED BY EMPLOYEE

For the purpose of determining my accommodation request, I consent to the release of information to my employer and the following individuals:

Union Disability Management Representatives (if applicable): _____

Employee Name: _____ Department: _____

Employee Signature: _____ Date: _____

TO BE COMPLETED BY A QUALIFIED MEDICAL PROFESSIONAL

Please review the employee's position description/occupational demand list before responding below:

Accommodation Recommended: _____

Medical Reasons for the Recommendation: _____

Duration of the Accommodation: _____

Additional Notes: _____

I certify that the information provided above is true and accurate to the best of my expertise and knowledge.

Professional's Name _____

Professional's Preferred Contact Information: _____

Professional's Signature _____ Date: _____

STAMP (if applicable)

RETURN COMPLETED FORM TO: HR@cnc.bc.ca or by Fax (250) 561 5864.

Any documentation of a personal or medical nature can be submitted to the Human Resources department, who will share (as required) only information related to any work-related restrictions or circumstances that require accommodation. The confidentiality of your personal and/or medical information will be safeguarded by the Human Resources department in accordance with FIPPA regulations.