

FORM 460-7: WORKPLACE ACCOMMODATION (WAP) PLAN

Employee Name _____ Position _____

Location Name _____ Date _____

In attendance:

Goal:

To bring success to our employees work assignment while meeting our legal duty to accommodate.

Proposed Plan to accommodate Limitations and Restrictions as documented by Medical Evidence

Evidence received (date):

Physical Restrictions	Proposed Plan
Cognitive Restrictions	Proposed Plan

Agenda for Next Review:

- Employee should be prepared to submit updated medical evidence at next WAP meeting
- Discuss challenges and successes.
- Date:
- Comments:

Comments

- Plan to be reviewed or as requested by any party to the agreement.
- Comments:

Employee Name

Superintendent of HR