

HUMAN RIGHTS ACCOMMODATION REQUEST

Event name: Region 5 New Activist/New Steward
Orientation Event Date: September, 2021

NOTE: This form is to be completed only if you are requesting an accommodation in accordance with the Ontario Human Rights Code. Sufficient information must be provided to prove the need for the accommodation and to show a link to a code-related ground. If necessary, an Equity Unit Officer will contact you to obtain further information.

Member Name: _____ Local #: _____

Phone # for contact: _____ Home E-mail: _____

How do you prefer to be contacted? Phone: _____ E-mail: _____

1. Do you have an existing human rights accommodation approved by the Equity Unit? (**Check one.**)
 - a) YES and there are NO CHANGES IN MY NEED for accommodation _____
 - b) YES but there are CHANGES IN MY NEED for accommodation _____
 - c) NO, I have never been approved for an accommodation _____

NOTE: If you checked (a) above, you do not need to complete the rest of the form but the form still needs to be submitted. If you checked (b) or (c), please finish the form.

2. Please check **ALL** the Code-related grounds related to your request:

| | |
|-------------------------------------------|-------------------------|
| Disability (including food allergy) _____ | Family status _____ |
| Sex/gender (including pregnancy) _____ | Creed or religion _____ |
| Other (please specify) _____ | |

3. Why do you require a human rights accommodation (i.e. what are your restrictions or limitations)? Please be as detailed as possible.

NOTE: All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.

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4. Do you need a temporary or ongoing human rights accommodation? (Check one.)

Temporary need [Please specify expected duration: _____]

Ongoing need

5. What type of human rights accommodation or additional arrangements do you require to allow you to participate fully in union-related activities? (e.g. material in alternate formats, interpreters, arrangements/expenses beyond those provided at the event or through OPSEU/SEFPO policy).

Please be as detailed as possible.

6. Please provide any additional information that may assist us in reviewing your request. [Attach any relevant documents.]

Signature: _____

Date: _____

PLEASE FORWARD COMPLETED FORM NO LATER THAN AUGUST 27, 2021. This form may be sent directly to the Equity Unit via e-mail to equity@opseu.org.

NOTE: All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.