



## Individual Accommodation Plan (IAP) – A Sample

Updated September 2024

## ABOUT TRUCKING HR CANADA

As a national, non-profit organization, Trucking HR Canada advances modern HR solutions for the trucking and logistics workforce. One of our strategic priorities is to make a company's job easier by delivering a comprehensive collection of up-to-date guides, reports, templates and more to support effective human resource management, recruitment, and retention efforts.

Visit [truckinghr.com](http://truckinghr.com) to find out more.

## DISCLAIMER

The information contained within does not constitute legal advice. Trucking HR Canada, and all content contributors, bear no responsibility for any circumstances arising out of or related to the adoption, or decision not to adopt, any of the recommendations contained in this document.

## WANT MORE?

Visit the **HR Resource Library** on Trucking HR Canada's website for up to date, practical HR management guides and tools designed specifically for trucking and logistics employers.

*Employers participating in the 2024 THRC pilots of new tools can also refer to their [resource list](#) and are welcome to call their designated advisor for consultation and guidance.*

## THE LEGISLATIVE CONTEXT

This resource reflects the *Accessibility for Ontarians with Disabilities Act (AODA)* as well as federal requirements related to accessibility and accommodation. These comprehensive standards provide useful direction for employers across the country. Employers who follow them will likely be compliant with similar legislation from other jurisdictions; however, consult your own provincial or territorial standards to confirm the specifics of your legislative requirements. In any jurisdiction, employers who consistently put these principles into practice will lead the market in their employment practices for persons with disabilities.

**Note** – The process outlined here is recommended for all employers.

Provincially Regulated in Ontario – companies with 50+ employees are required under *Accessibility for Ontarians with Disabilities Act* to have a written process for the development of documented individual accommodation plans for employees with disabilities.

## Individual Accommodation Plan (IAP) – A Sample

**Instructions:** This form is intended to formally document the employee's accommodation requirements, accommodation options and decided actions discussed and agreed to as part of [Company Name]'s accommodation process. In collaboration, the supervisor/manager, and the employee (and representative if requested by the employee), should complete the information below.

### PART 1 – EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Current Position: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Current Manager: \_\_\_\_\_

Work Location: \_\_\_\_\_

#### Type of Limitation

Temporary     Permanent     Cyclical     Episodic

#### Work Type

Driver     Office     Shop     Warehouse

## PART 2 – THE IAP PARTICIPANTS

List the participants involved in the creation and implementation of the IAP including the employee, supervisor, third party consultants, representatives, and medical specialist, as applicable.

Name:	Title/Role
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Additional Documentation Provided by Participants**  
(e.g. Functional Abilities form, emergency plan, medical notes)

Name of Document:	Provided By:	Attached
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

## PART 3 - DETAILS OF THE INDIVIDUAL ACCOMMODATION

**Restrictions/Limitations:**

---

---

---

---

---

**Specific position-related tasks affected by limitations:**

---

---

---

---

---

**Potential strategies / tools / equipment required for accommodation?**

---

---

---

---

---

**FOR PILOT – UPDATED September 2024**

Will training be required on any new or adjusted work methods, tools or equipment? Yes  No

**If yes, indicate the nature and timing of learning support that will be provided:**

---

---

Are accessible formats or communication supports required by the employee? Yes  No

**If yes, indicate the accessible formats/communication supports that will be provided:**

---

---

**Accommodation measures implemented:**

---

---

---

---

Has individual accessible workplace emergency response information been provided to the employee? Yes  No

Does the employee require assistance during an emergency in the workplace? Yes  No

If yes, and with employees' consent, has a designated representative been assigned? Yes  No

## PART 4 – IMPLEMENTATION AND REVIEW DATES

Accommodation measures are in place from: \_\_\_\_\_ [date] to: \_\_\_\_\_ [date]

If no end date is expected this IAP will be reviewed:

Quarterly

Bi-annually

Annually

Other \_\_\_\_\_

Questions or concerns about this accommodation plan can be addressed to:

Name:

Title/Role

\_\_\_\_\_

## PART 5 – SIGNATURES

This Individual Accommodation Plan has been developed in consultation with all stakeholders to ensure that the needs of both the employee and [Company Name] are met throughout the accommodation process.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor/Manager

\_\_\_\_\_  
Date