



Ch'íyáqtel (Tzeachten First Nation)

Disability Accommodation Policy

Approved by Council on: December 8, 2025

| Ch'íyáqtel STATEMENT OF POLICY AND PROCEDURE | |
|---|-----------------------------|
| Workplace Policy No. | WP – 10 |
| Policy Category | Personnel |
| Department Ownership: | Administration |
| Effective Date: | December 8, 2025 |
| Policy Review Cycle: | Three years |
| Version Control: | Version 1.0 (December 2025) |

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POLICY

1.1 PURPOSE

- (a) Ch'iyáqtel is committed to creating an inclusive workplace where everyone is treated with respect, can contribute fully, and has equal opportunities. Under the *Canadian Human Rights Act (CHRA)*, all employees have the right to a workplace free from discrimination based on disability. To ensure that persons who are otherwise able to work are not unfairly excluded from doing so based on disability, Ch'iyáqtel is committed to making every reasonable effort to accommodate its employees. The purpose of this *Workplace Disability Accommodation Policy (Policy)* is to:
 - (i) Create and foster a non-discriminatory work environment.
 - (ii) Ensure all employees and management are aware of their rights and responsibilities under the CHRA regarding accommodation.
 - (iii) Establish a process for Ch'iyáqtel and employees to follow when seeking reasonable accommodation for disability.
- (b) This policy is based on the following principles:
 - (i) **RESPECT FOR DIGNITY:** Every person deserves to be treated with respect and dignity, regardless of ability.
 - (ii) **INCLUSIVITY:** We strive to create a workplace that is inclusive for all.
 - (iii) **INDIVIDUALIZED ASSESSMENT:** Accommodation requests are assessed on a case-by-case basis, recognizing the unique needs of each employee.
 - (iv) **CONFIDENTIALITY:** We protect the privacy of individuals requesting accommodations and handle all information with discretion.
 - (v) **COLLABORATION:** We encourage open communication between employees and management throughout the accommodation process.

Part A – APPLICATION

2.1 SCOPE

- (a) This Policy applies to all job applicants, employees and contractors. It covers all aspects of the employment relationship including recruitment, promotions, transfers, working arrangements, compensation, benefits and termination of employment.

2.2 ADMINISTRATION

- (a) Ch'iyáqtel may change this Policy from time to time, including for governance, operational or legal reasons, and will communicate any such changes to employees in a reasonable time.
- (b) The Chief Administrative Officer (**CAO**) is responsible for administration of this Policy. Employees may direct any questions to their Supervisor or the CAO.

2.3 DEFINITIONS

- (a) In this Policy:

ACCOMMODATION refers to making changes to the workplace or the employee's working conditions in a way that ensures the employee is not unfairly excluded based on their disability, short of causing undue hardship.

DISABILITY, as defined in the CHRA, means “any previous or existing mental or physical disability and includes disfigurement and previous or existing dependence on alcohol or drug.” For the purposes of this Policy, a disability is a condition that prevents a person from participating in the workplace in an equal way (such as by interfering with the person’s ability to meet a job requirement or to enjoy a workplace benefit) and carries a stereotype about the ability of individuals to perform work.

2.4 ROLES & RESPONSIBILITIES

- (a) Ch'iyáqtel is committed to responding to accommodation requests in a timely, confidential and sensitive manner. Accommodation is a shared responsibility between employees, supervisors, and Ch'iyáqtel. Employees are expected to cooperate with Ch'iyáqtel in the search for and implementation of reasonable accommodation.

Role of Ch'iyáqtel

- (b) Ch'iyáqtel is responsible for:
 - (i) Eliminating barriers that prevent employees from being included in the workplace on the basis of disability.
 - (ii) Ensuring that employees and job applicants are advised of their right to seek accommodation on the basis of disability.
 - (iii) Maintaining the employee's privacy, to the extent possible by treating accommodation requests as confidential.
 - (iv) Dealing with requests for accommodation in a timely and sensitive manner.
 - (v) Identifying suitable accommodations.

- (vi) Providing individual accommodation, to the point of undue hardship.
- (vii) Informing the employee of the reasons, if their accommodation request is denied.
- (viii) Ensuring that this Policy is implemented in the workplace.

Role of Supervisors

- (c) Supervisors are responsible for:
 - (i) Treating all employees and job applicants with dignity and respect.
 - (ii) Starting conversations about accommodation when they are aware that a person may need accommodation but is otherwise unable to ask for it themselves.
 - (iii) Dealing with requests for accommodation in a timely, confidential and sensitive manner.
 - (iv) Advising their subordinates of the information required to support their request for accommodation.
 - (v) Participating in discussions with the employee about accommodation options.
 - (vi) Facilitating the implementation of any accommodation offered.
 - (vii) Monitor any accommodation provided to ensure continued effectiveness.
 - (viii) Ensuring this policy is implemented in the workplace.

Role of Employees

- (d) An employee or job applicant who requests workplace accommodation is responsible for:
 - (i) Requesting accommodation from the employer when needed.
 - (ii) Helping to identify potential accommodation options.
 - (iii) Cooperating with the employer in the search for and implementation of reasonable accommodation measures.
 - (iv) Providing documentation to support their request for accommodation, including information about their restrictions or limitations.
 - (v) Accepting an offer of reasonable accommodation that meets their needs, even if it is not their preferred accommodation option.
 - (vi) Providing medical updates, if requested by the employer.
 - (vii) Advising the employer if their accommodation needs change or accommodation is no longer needed.

Part B – ACCOMMODATIONS PROCEDURES

3.1 PROCESS FOR REQUESTING ACCOMMODATION

Job Applicants

- (a) Job applicants will be advised of this Policy when contacted for an interview and asked whether accommodation is needed to participate in the hiring and selection process.
- (b) The Supervisor will evaluate the job applicant's request for accommodation and may request more information from the job applicant to facilitate the accommodation. If the request for accommodation is denied, the job applicant will be provided with written reasons.

Employees

- (c) An employee's need for accommodation can be identified by an employee's request or a supervisor's observation that it is reasonably apparent the employee has a disability that is interfering with the employee's job duties.
- (d) Employees who believe they need accommodation due to disability are responsible for requesting it from their supervisor. Requests can be made verbally or in writing. Employees are encouraged to submit their accommodation requests using Ch'iyáqtel's Reasonable Accommodation Request Form (see **Appendix A**) and should include relevant information, such as:
 - (i) A description of the accommodation being requested.
 - (ii) The reason accommodation is needed.
 - (iii) How the requested accommodation will assist in performance of job functions.
 - (iv) Any other information relevant and necessary to confirm the need for accommodation.
- (e) In scenarios where an employee has not requested accommodation, but it is reasonably apparent that the employee may have a disability that requires accommodation, the supervisor may approach the employee to determine whether the employee wishes to request accommodation under this Policy.
- (f) If the employee makes a verbal request for accommodation, their supervisor will document the request, including the date of the request and any details and accommodation options suggested by the employee.
- (g) Ch'iyáqtel may require more information related to the employee's accommodation request, including medical documentation from the employee's doctor, if any of the following apply:
 - (i) The employee's disability is not obvious.
 - (ii) The accommodation request does not clearly indicate a need related to disability.
 - (iii) More information on the employee's limitations or restrictions is needed to determine an appropriate accommodation.

- (iv) There is an objective reason to question the legitimacy of the employee's request for accommodation.
- (h) An employee's delay responding to information requests may delay accommodation.
- (i) If there is reason to doubt the adequacy or reliability of the information provided by the employee's doctor, Ch'iyáqtel may require the employee to attend an independent medical examination at a health care professional of Ch'iyáqtel's choosing, at Ch'iyáqtel's expense.

3.2 RESPONSE TO ACCOMMODATION REQUESTS

- (a) Accommodations are individualized to reflect the employee's particular needs and circumstances, as long as they do not cause undue hardship to Ch'iyáqtel. The employee's preferences regarding accommodation will be considered but are not the only factor that informs the final decision.
- (b) Examples of possible accommodation solutions may include:
 - (i) Modifying the employee's work location or work schedule.
 - (ii) Creating a graduated return to work plan.
 - (iii) Modifying the way that the employee's work is performed.
 - (iv) Providing assistive devices for performing work tasks.
 - (v) Modifying equipment that is used by the employee.
 - (vi) Modifying the workplace itself.
 - (vii) Providing information in accessible formats.
- (c) If needed, interim accommodation may be provided while longer-term solutions are developed. An employee's accommodation needs or Ch'iyáqtel's organizational requirements may change over time. Therefore, any accommodation provided will be monitored and may require adjustments to improve effectiveness or efficiency.

Request Approvals & Accommodation Plans

- (d) When an accommodation request is approved, the supervisor and employee will develop a written plan detailing the agreed accommodation measures Ch'iyáqtel will provide to ensure equal workplace participation. The supervisor and employee will regularly review and update this plan to ensure it remains effective without causing undue hardship to Ch'iyáqtel.
- (e) The employee may request a written copy of their individualized accommodation plan, in an accessible format.

3.3 WHEN THE DUTY TO ACCOMMODATE ENDS

- (a) Employees who request accommodation are required to participate in the process by providing relevant and necessary information, including medical details, and working with their supervisor to identify and implement appropriate accommodation measures. If an employee does not participate in the process or refuses a reasonable accommodation offer, Ch'iyáqtel's duty to accommodate ends.

(b) Ch'iyáqtel's duty to accommodate also ends when the employer reaches the point of **undue hardship**. Undue hardship is determined on a case-by-case basis, balancing the interests of the employee, their co-workers, Ch'iyáqtel and third parties who may be affected and considering factors like safety, cost and impact on operations. An accommodation may be considered an undue hardship if, for example:

- (i) It would create significant health and safety risks for the employee or others.
- (ii) The financial cost of the accommodation is unaffordable.
- (iii) The accommodation would unduly disrupt the workplace or place a disproportionate burden on other workers.

Request Denials

- (c) Where an accommodation request is denied on the basis that it would create undue hardship, the supervisor will advise the employee in writing including the reasons for the decision.
- (d) When accommodation is refused based on undue hardship or accommodation is offered but the employee believes that the accommodation offered does not meet their needs, the employee may submit a written request for a review of the decision to the Chief Administrative Officer.

3.4 RETURN TO WORK

- (a) An employee returning to work from a disability-related absence must contact their supervisor as early as possible before their expected return to work to confirm their fitness to resume their duties and to update or request accommodation. The employee is required to provide the information set out in [subsection 3.1\(d\)](#). In certain cases, the employee may be required to participate in a functional abilities assessment or other appropriate return-to-work evaluation to ensure they can safely resume their duties.

3.5 PRIVACY

- (a) Confidentiality will be maintained, consistent with the needs of the accommodation process. Personal information will only be disclosed to those with a demonstrated need to know for the purposes of determining or providing accommodation, as required to take corrective action for violation of this policy, or as required by law.
- (b) Ch'iyáqtel and all individuals involved in the accommodation process will comply with the requirements of Ch'iyáqtel's *Employee Privacy Policy* to protect employee personal information.

3.6 NO REPRISALS

- (a) No reprisal or penalty will be taken against a person for requesting accommodation in good faith. Any employee who pursues a request for accommodation in bad faith, maliciously or without a reasonable and probable basis, or engages in a reprisal against an employee for requesting accommodation will be subject to discipline, in accordance with Ch'iyáqtel's *Progressive Discipline Policy*.

APPENDICES

Appendix A | Accommodation Request Form

Disability Accommodation Policy (2025)

Last updated: December 2025

This form is for use by employees seeking accommodation for a disability under the *Disability Accommodation Policy*. To make an accommodation request, complete this form and submit it to your supervisor. If you would like help in filling out this form, please contact your supervisor.

Under the *Canadian Human Rights Act*, the Employer and the Employee have a shared responsibility to participate in the accommodation process. The information in this form will be used to help Ch'íyáqtel come to an informed decision about reasonable accommodation options. In some cases, additional information and/or documentation may be requested.

EMPLOYEE INFORMATION

| | | | |
|---------------------------------------|----------------------------|----------|-----------|
| Employee Name | | | |
| Position | Department | | |
| Office Location | Manager/Supervisor | | |
| | Monday | Tuesday | Wednesday |
| | Friday | Saturday | Sunday |
| Regular Schedule Hours of Work | Typical Work Week | | |
| Part-time or Full-time | Telephone: | | |
| Permanent or Temporary | Email: | | |
| Employee Classification | Contact Information | | |

EMPLOYEE SUPPORT PERSON CONTACT INFORMATION (Optional)

| | |
|---------------------------------|--------------|
| Name | Phone |
| Relationship to Employee | Email |

ACCOMMODATION INFORMATION

Describe the reason you are requesting a disability-based accommodation and outline your limitations as you understand them.

**You do not need to disclose your specific diagnosis or details about your treatment plan.*

EFFECT OF LIMITATIONS

What effect do these limitations have on your ability to do your job? Are there any duties in your job that you are unable to do?

ACCOMMODATION(S) REQUESTED

What changes to your work do you believe would help you to remain productive in your current position while managing your limitations?

Describe these changes in as much detail as you can and explain how they will assist you.

How long is the accommodation required?

Please provide any additional information that may assist us in considering your accommodation request:

ACKNOWLEDGEMENT

I acknowledge that I have completed this Accommodation Request Form truthfully and to the best of my knowledge. I understand that the information provided will be used by my employer to assess my request for accommodation in accordance with applicable laws and internal policies. I further acknowledge that I may be required to provide additional documentation to support my request and that my employer may contact me to discuss appropriate accommodation options.

I have read and understand the *Disability Accommodation Policy*. I understand that submitting this form does not guarantee that the requested accommodation will be granted, but that my request will be considered in good faith and in compliance with applicable human rights and employment legislation.

EMPLOYEE SIGNATURE

DATE

CONFIRMATION OF RECEIPT

I confirm receipt of this Workplace Accommodation Request form on the date indicated.

SUPERVISOR SIGNATURE

DATE

CHIEF ADMINISTRATIVE OFFICER SIGNATURE

DATE

Appendix B | Workplace Accommodation Plan

Disability Accommodation Policy (2025)

Last updated: December 2025

PURPOSE OF AN ACCOMMODATION PLAN

Sometimes people have medical issues or a disability. This can make it hard for them to work in some places. Employers need to make sure their workplace is accessible for employees. They need a plan to do this. This is called an Accommodation Plan. This plan is required by Canadian human rights law. The employer and employee work together to make the plan. They will share information and solve problems together. This will make a respectful and accessible workplace.

CONTACT INFORMATION

Employee Contact

| | |
|---------------|--|
| Name: | |
| Phone Number: | |
| Email: | |
| Job Title: | |

Employee Support Person Contact

| | |
|-----------------------|--|
| Name: | |
| Phone Number: | |
| Email: | |
| Relation to Employee: | |

Manager/Supervisor Contact

| | |
|---------------|--|
| Name: | |
| Phone number: | |
| Email: | |
| Job Title: | |

LIMITATIONS/BARRIERS

Describe the **workplace barriers** (e.g. restrictions or limitations in relation to performance of their job) caused by employee's disability (i.e., impact, not diagnosis). Identify which job-related tasks/activities are affected.

| Workplace Barriers | Job-related tasks/activities affected by the barriers |
|--------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |

DESCRIPTION OF ACCOMMODATION MEASURES

Which job requirement(s) and related tasks require accommodation?

Example: Employee persistently late for work due to medical reason

- 1.
- 2.
- 3.

What are the objectives of the accommodation? (e.g. What must the accommodation do to be successful?) *Example: Allow the employee to complete a particular job duty.*

- 1.
- 2.
- 3.

What accommodation strategies/tools have been selected to aid this task/activity?

Example: Employer offered employee a flexible work schedule so they could arrive at work later and end the workday later.

- 1.
- 2.
- 3.

** Additional pages may be added if more space is needed.*

ACCESSIBLE FORMATS AND COMMUNICATION SUPPORTS

Upon request, this information will be shared with the affected employee with consideration to their communication requests as follows:

ROLES AND RESPONSIBILITIES

Write down the actions needed to implement and follow up on accommodations, the person who is responsible for doing the action(s), and when it needs to be done.

| Action | Assigned to | Due Date |
|--------|-------------|----------|
| | | |
| | | |
| | | |
| | | |

ADDITIONAL DOCUMENTS

| Document | Yes | No |
|---------------------|-----|----|
| Emergency Plan | | |
| Return to Work Plan | | |
| Other (describe): | | |

EXPERT ADVICE

An expert is someone from outside the workplace who can give advice about how to make it accessible. An expert can be a doctor, occupational therapist, or other facilitator. Put their name in this part and describe how they helped. The employer will only contact the expert if necessary and with the employee's signed consent.

| Name of Expert | Notes |
|----------------|-------|
| | |
| | |

Is the Accommodation Accepted or Denied by the Employee?

| | |
|-----------------------------------|--|
| <input type="checkbox"/> Accepted | <u>Date Plan Starts:</u> <u>Follow-up Date:</u> <u>End Date:</u> |
| <input type="checkbox"/> Denied | Reasons the workplace is still not accessible: |

Emergency Safety Needs: *List any safety issues that could happen for the employee. How will these issues be managed?*

Any Extra Notes or Follow-Up Recommendations:

AGREEMENT

By signing this form, the employee confirms they have read, or had read to them, understand and accept this Accommodation Plan.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

CAO SIGNATURE

DATE
