

APPENDIX 4**REASONABLE ADJUSTMENT REQUEST FORM**

**– This form is to be completed by the employee requiring the adjustment –
following a discussion with their manager/HR**

Employee Name: _____ Department: _____

Condition/Disability*	
How does your condition affect you?	
How long has the condition been present?	

*You are not obliged to give details about your disability, impairment or health condition, only how it affects you at work. To enable the Council to make reasonable adjustments, it has to understand what the condition/disability is. The Council also has an obligation to ensure the health and safety of all employees, which we are only able to do when provided with full details. This information will be kept confidential and only disclosed in confidence to another individual with your prior consent, we therefore encourage employees to provide us with as much information as possible.

Date adjustment requested or identified as necessary:

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Description of disadvantage experienced	
Nature of adjustment requested	

Has advice been sought from anyone else, e.g. Occupational Health (OH), GP/Specialist etc. (please ✓ as appropriate). If so, please indicate when this advice was received or provide a date when it is expected.

OH Advisor

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 Report received or expected _____
 GP/Specialist

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 Report received or expected _____
 Other (please specify)

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- Please continue over page -

Summary of advice received (if applicable)

How effective will the adjustment be in preventing the disadvantage?

To be completed by Line Manager/HR

How practical is it to make this adjustment? For example, how long will it take to implement the adjustment, will additional training be needed for the disabled person or anyone else?

What are the financial and other costs, if any, of the adjustment?

Is financial or other assistance available to help make an adjustment?

YES ☐ NO ☐

Are the costs of the adjustment reasonable?

(taking into account recommendations from OH/GP, the financial and other resources of the Council, and any other relevant factors).

YES ☐ NO ☐

If no, please explain why?

If there is a cost implication for the adjustment, how will it be funded, i.e. relevant budget, source of funding?

What, if any, disruption will be caused by making the adjustment?

What effect, if any, will the adjustment have on other employees?

What adjustments have been made or are required for other employees in your team?

Has a risk assessment been completed for making and not making the adjustment ?

YES ☐ **NO** ☐

If NO, then a risk assessment will need to be completed.

Does the risk assessment reveal any unacceptable risks to the Health and Safety of any individual (including the employee)?

YES ☐ **NO** ☐

Manager/HR Recommendation:

I sign to agree that the adjustment(s) requested have been discussed and accurately recorded.

Employee: _____ **Date:** _____

Line Manager: _____ **Date:** _____

HR Representative: _____ **Date:** _____