



**COMOX VALLEY
SCHOOL DISTRICT**

SCHOOL DISTRICT NO. 71 (COMOX VALLEY)
607 Cumberland Road, Courtenay, B.C. V9N 7G5
Tel: (250) 334-5500 Fax: (250) 338-4961

Request for Workplace Accommodation

Employee Information	
Name: _____	Phone Number: _____
Work Location: _____	Position: _____
Signature: _____	Date: _____
Accommodation Requested: (Be as specific as possible, e.g. adaptive equipment, schedule adjustment)	
Reason for Request: (Must be reasonable and related to a bona fide illness or disability. Employee is responsible for providing a completed Medical Support for Workplace Accommodation form) What are the functional limitations?	
If accommodation is time sensitive, please explain:	
<i>Note: Additional information may be attached to support your request.</i>	

**Return Form and supporting medical documentation to:
Director, Human Resources Department**