





## Employee Acknowledgement and Signature

I understand that Queen's University will use the information provided in this form to consider, assess, develop and explore options for family status accommodation and related purposes. I also understand that further information, including personal information, and documentation, such as information from third parties, may be required by Queen's University to substantiate the request and facilitate the family status accommodation process. The information I have provided in this form is accurate and I agree to inform Queen's University as soon as possible if there is a change in my circumstances as set out above.

I have read and understand the Workplace Accommodation Policy and Procedure. I understand that the University will attempt to provide reasonable accommodation but that this request may not be granted should it be proven to cause the University undue hardship as per the applicable legislation/policy.

For Disability Related Request: I confirm that I have forwarded the relevant medical documentation to Employee Wellness Services.

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Date

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Employee Signature