



## **FAMILY STATUS ACCOMMODATION REQUEST FORM**

Employee Authorization		
I consent to the release of the following information required to allow my employer to assist me in as required.		
Employee Name	Position	
Signature	Date	
Instructions:		
Good Spirit School Division has a duty to We must also consider what might pose or the safety and well-being required for initiate a request for reasonable accommust provide current documentation of a Please complete the attached form and have any questions please do not hesita at <a href="mailto:hr@gssd.ca">hr@gssd.ca</a> or (306) 786-4774.	a danger to the health or safet our students or others in the w nodations and/or extended leave a scenarios preventing them to return it to our office as soon a	y of the employee vorkplace. To ves, employees be at work.
Name of Dependent(s)		Age
2. Primary residence of Dependent(s) is		
dep	Shared. Please set out the schedule or times of the dependent(s) living arrangements. Provide a copy of any applicable court orders or agreements.	



3. What is the reason for your request? Describe the issues, barriers or restrictions that you face that are affecting your ability to complete your regular job duties.
4. The ownership is on the employee to prove they are not able to overcome the issues, barriers or restrictions associated with the care of your dependents. Provide evidence that you have exhausted all available avenues for care of your dependent(s). These may include, but are not limited to:
<ul> <li>Availability of other family members who can provide care</li> <li>Access to daycare/respite care</li> <li>Efforts to access private caregivers</li> </ul>
E. Diona describe the accompandation you are earlying. Flevibility on the part of all
<ol><li>Please describe the accommodation you are seeking. Flexibility on the part of all parties involved is necessary.</li></ol>