**Family Status Accommodation Application**

**(confidential)**

The purpose of this application is to provide McMaster University ("McMaster") with the information that is required to properly assess your request for accommodation on the basis of “family status” in accordance with the Ontario *Human Rights Code,* RSO 1990, c H.19 (the “Code*”*). The information you submit will be treated as confidential and will only be disclosed to those who are necessarily and directly involved in processing your application.

McMaster is committed to satisfying its statutory obligations. However, under the Code, there are limits to the duty to accommodate on the basis of family status, and you have a legal duty to participate in the accommodation process. If you do not provide the information that is required to properly assess your request, or if the information you provide is inaccurate, your application may be denied.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For what length of time do you seek family status accommodation?
2. For which job duties or requirements do you seek family status accommodation?

1. Please describe the general nature of the family obligation that gives rise to your request to be accommodated on the basis of family status.
2. Which employment requirements interfere with your family obligation, and how so?
3. Do you share this family obligation with others?
4. If so, what have those sharing this obligation done to assist in fulfilling the family obligation?
5. What other options have you explored in attempting to satisfy this family obligation prior to submitting this request?
6. How do you propose for McMaster to accommodate your family obligations? (Please provide multiple accommodation options if possible.)
7. Does your request for family status accommodation relate to a medical condition of one or more of your family members? If yes, is /are your family member(s) seeking medical treatment? If yes, what are the symptoms or consequences of that medical condition that have caused or increased your family status obligations? (Please do not provide a diagnosis.)

1. Please attach any supporting documents that will assist McMaster in confirming the nature of your family obligations, the options you and those with whom you share the family obligation have explored, and in otherwise clarifying your request for accommodation.

\* \* \*

I willingly consent to the collection, use, and limited disclosure of the information I have provided above for the following reasons:

* to determine the extent to which my family obligation will impact my ability to engage in employment requirements;
* to determine the extent to which McMaster is legally required to accommodate my family obligation as a result of my individual circumstances; and
* to determine the extent to which my family status obligation can be accommodated, if at all, and the nature of such accommodation.

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**