**Appendix A**

**STRICTLY PRIVATE AND CONFIDENTIAL**

Use this form to create a record of reasonable adjustments agreed between employee and his or her line manager.

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| **Employee's name** |  |
| **Job title** |  |
| **Department** |  |
| **Line manager's name** |  |
| This is a record of the reasonable adjustments agreed between [employee name] and [line manager name].  The purpose of this agreement is to:   * ensure that both the employee and the employer have an accurate record of what has been agreed; * minimise the need to renegotiate reasonable adjustments every time the employee changes job, is relocated or is assigned a new manager within the organisation; and * Provide the employee and his or her line manager with the basis for discussions about reasonable adjustments at future meetings.   This agreement may be reviewed and amended as necessary with the agreement of both parties:   * at any regular one-to-one meeting; * at a return-to-work meeting following a period of sickness absence; * at six-monthly and/or annual appraisals; * before a change of job or duties, or the introduction of new technology or ways of working; or * Before or after any change in circumstances for either party. | |
| **Employee** | |
| **My disability in the workplace** | |
| My disability has the following impact on me at work: | |
| The following reasonable adjustments would support me in work: | |
| Is specialist advice required: YES/NO  Outcome of advice: | |
| Date implemented: | |
| **Wellness at work - employees who have fluctuating mental or physical disabilities** | |
| On a "good day" my disability has the following impact on me at work: | |
| When things are not so good, the following symptoms are indications that I am not well enough to be at work: | |
| I will let you know if there are changes to my condition that have an affect on my work and/or if the agreed adjustments are not working. We will then meet privately to discuss any further reasonable adjustments or changes that should be made.  If you notice a change in my performance at work or feel that these reasonable adjustments are not working, I would be happy to meet you privately to discuss what needs to be done. | |
| **Line manager** | |
| **Keeping in touch** | |
| If you are absent from work on sick leave or for a reason relating to your disability and have followed the usual procedures for notifying the Council of your absence, I will keep in contact with you in the following way: | |
| How will contact be made? (email, telephone, text, letter, minicom) | |
| When? (preferred time) | |
| An up-to-date copy of this form will be retained by the employee, line manager and HR department.  A copy of this form may also be given to a new or prospective line manager with the prior consent of the employee. If the employee changes job, is relocated or is assigned a new manager, the new manager should accept the adjustments outlined in this agreement as reasonable and ensure that they continue to be implemented. The agreement may need to be reviewed and amended at a later date but this should not happen until both parties have worked together for a reasonable period of time. | |
| **Employee's signature** |  |
| **Date** |  |
| **Employer's signature** |  |
| **Date** |  |