**Reasonable Adjustment Action Plan**

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| --- | --- |
| Employee’s name |  |
| Job Title |  |
| Department |  |
| Line Manager’s name |  |
| ***This is a record of the reasonable adjustment agreed between xxxxxxxxxxxxxxx and xxxxxxxxxxxxxxxxxxxx*** | |
| Employee | |
| **In your words, how does your ill health affect you? How might your condition impact on your work?** | |
| **Can you describe in your own words any triggers that may exacerbate your ill health and early warning signs that your manager might notice?** | |
| **What support or adjustments could your manager put in place to minimise the impact of triggers or to manage your symptoms at work? Is there anything your manager should try to avoid doing?** | |
| **If your health deteriorates or your manager notices any early warning signs, what should they do?** | |

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| --- | --- | --- |
| **Do you wish to seek the advice and support from Occupational Health on reasonable adjustments or wellbeing support?** | | |
| Employer | | |
| **Reasonable adjustments or support agreed:** | | |
| Signed: | *Employee* | Date: |
| Signed: | *Employer* | Date: |
| Review date: | Agreed by both | |