**Reasonable Adjustments Form**

(To be completed by the line manager following consultation with the employee and others as necessary (subject to confidentiality and Data Protection principles) – see **Guidance for Managers)**

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| **EMPLOYEE NAME:** |  | **POST:** |  |
| **DEPARTMENT/**  **FACULTY/DIREC-TORATE:** |  | **LOCATION:** |  |
| **LINE MANAGER:** |  | **POST:** |  |
| 1. Date adjustment requested by employee, or recommended by Occupational Health/Access to Work | | | |
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| 2. Nature of adjustment requested or recommended, including a description of any barrier or difficulties the employee has indicated they are expecting. | | | |
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| 3. What advice, if any, has been given by Occupational Health; People Directorate, Helpdesk, Access to Work etc in relation to the adjustments requested?  Please include names, job titles of those consulted and dates of advice. | | | |
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| 4. Following discussion with the employee, how effective do you think the adjustment would be in removing the barriers or difficulties? Following discussion with the employee please state any alternative adjustments proposed. | | | |
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| 5. Is the adjustment considered practical? Please consider:   * How long it will take to implement; * Additional training needed by employee or others * Is there a detrimental impact, for example upon service delivery, quality etc? If so, consider how this could be mitigated * Will others be significantly impacted? If so, in what way, and how could this be mitigated? |
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| 6. Is there a direct or indirect cost of the adjustment? If so, has this been discussed with the budget holder or department impacted? (Financial costs don’t necessarily make an adjustment unreasonable but cost must be weighed against University resources) |
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| 7. Is financial or other assistance available for example through Access to Work?  (see [**www.gov.uk/access-to-work**](http://www.gov.uk/access-to-work) ) |
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| 8. Could there be any adverse impact as a result of making the adjustment (eg on disabled employee, other employees or students, University strategic aims etc?) If so, what steps can be made to manage/mitigate the impact? |
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| 9. Would making the adjustment impact on anyone’s health and safety? If so, consider how any risk can be mitigated. |
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| 10. Note any other relevant factors: |
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| 11. Line manager’s decision (including reasons if declining to implement any requested or recommended adjustments) |
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**Reasonable Adjustments Agreement form**

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| **EMPLOYEE NAME:** |  | | **POST:** |  |
| **DEPARTMENT/**  **FACULTY/**  **DIRECTORATE:** |  | | **LOCATION:** |  |
| **LINE MANAGER:** |  | | **POST:** |  |
| Details of adjustments agreed: | | | | |
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| Signed employee | |  | | |
| Signed line manager: | |  | | |
| Date: | |  | | |
| *cc Employee, Occupational Health, People Directorate. The line manager may find it helpful to discuss with the People Directorate any next steps required, for example responsibility for ordering equipment, or arranging for specialist software* | | | | |
| Date/s adjustments implemented: (please detail where more than one adjustment is provided) | | | | |
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| Dates reviewed: | | | | |
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| **NB Reasonable adjustments should only be implemented with the involvement of the employee and reviewed on a regular basis, for example after 3 months, twice a year as part of the appraisal discussion and after any significant changes such as changes to the employee’s job objectives or work environment. Please append additional sheets as necessary to record review discussions.** | | | | |

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| Reviews |
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