

**RECORD OF APPLICATION OF REASONABLE ADJUSTMENTS**

**EMPLOYEE NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe the health condition to which the proposed reasonable adjustments apply:**

**Is the employee’s health condition covered by the Equality Act?** □ Yes □ No □ Unsure

**Have the reasonable adjustment(s) been recommended by Occupational Health?** □ Yes □ No

**Adjustment Required/Recommended**

(select all that apply)

□ Adjustment to working premises □ Provide information in accessible formats

□ Re-allocation of duties □ Redeployment

□ Alter working hours □ Temporary adjustment to Action Trigger Levels

□ Alternative work location □ Home working

□ Specialist Equipment □ Supported employment scheme

□ Modification of working procedures □ Provide supervision/other support

□ Special leave □ Other (please specify below:

**TAILORED ADJUSTMENTS PLAN**

Date reasonable adjustments were discussed with employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the adjustment been applied in full? □ Yes □ No □ In Part

Please provide details of how the adjustment has been applied:

Date Adjustment applied (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If temporary please provide an end date for the adjustment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date adjustment arrangements to be reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Justification for not applying adjustments**

(Select all that apply)

□ Unreasonable burden of additional costs to the council

□ Unable to identify alternative employment/duties

□ Adjustment will have a detrimental impact on ability to meet customer demands

□ Unable to accommodate adjustment and organise work within existing staff resources

□ Unable to recruit to cover the vacated hours/post

□ Adjustment will have a detrimental impact on service performance

□ Adjustment will have a detrimental impact on quality of service

□ Insufficient work during the adjusted working period

□ Unable to accommodate adjustment due to planned structural changes

□ Unable to source equipment/format/support

□ Other (please specify below):