**Workplace adjustment agreement**

**This document template has been written by the Business Disability Forum – a general version is on their website. This one has been tailored to meet the needs of people with MS.**



Business Disability Forum

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The ‘workplace adjustment agreement’ is a living record of reasonable adjustments agreed between a disabled employee and their line manager.

The purpose of this agreement is to:

* ensure that both parties, the individual and the employer, have an accurate record of what has been agreed.
* minimise the need to renegotiate reasonable adjustments every time the employee changes jobs, is relocated or assigned a new manager within the organisation.
* provide employees and their line managers with the basis for discussions about reasonable adjustments at future meetings

This is a live document and should be reviewed regularly by both the employee and manager and amended as appropriate.

Remember, however, that expert advice from third parties, such as occupational health advisers, Access to Work or IT specialists may be needed before changes can be agreed and implemented.

New managers of employees with such ‘workplace adjustment agreements’ should accept the adjustments outlined in the 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.

**The agreement allows you, as the employee, to:**

* explain the impact of your disability on you at work.
* suggest adjustments that will make it easier for you to do your job.
* offer further information from your doctor, specialist or other expert
* request an assessment by occupational health, Access to Work or another expert
* review the effectiveness of the adjustments agreed.
* explain any change in your circumstances.
* be reassured that your manager knows what to do if you become unwell at work and who to contact if necessary.
* know how and when your manager will keep in touch with you if you are absent from work because of illness or a disability related reason

**The agreement allows the line manager to:**

* understand how a particular employee’s disability affects them at work
* explain the needs of the business or organisation
* explain the organisation’s attendance and reasonable adjustment policy
* recognise signs that an employee might be unwell and know what the employee wants you to do in these circumstances including who to contact for help
* know how and when to stay in touch if the employee is off sick
* consider whether or not the employee needs to be referred for an assessment by an occupational health or another adviser to help both parties understand what adjustments are needed
* review the effectiveness of the adjustments already agreed
* explain any change in the employer’s circumstances

## Workplace adjustment agreement

This is a record of the reasonable adjustments agreed between [*employee’s name*] and [*line manager name*]

It also outlines what to do in the event of [*employee’s name*] being on sick leave for more than [x] days.

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 introduction of new technology or ways of working.
* Before or after any change in circumstances for either party.

### Employee

#### My disability in the workplace

|  |  |  |
| --- | --- | --- |
| My MS currently causes the following issues in my work – list problems if any or leave blank (for example, I am exhausted after travelling to work on public transport) | | |
|  | | |
| I need the following agreed reasonable adjustments (refer to Access to Work agreement if relevant) | Date budget holder contacted, if relevant | Date implemented: |
|  |  |  |

I will let you know if I have a relapse or if there are changes to my condition which have an effect 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 these reasonable adjustments are not working I would be happy to meet you privately to discuss what needs to be done.

#### Emergency contacts

If I am not well enough to be at work I am happy for my line manager to contact either of the following emergency contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| GP/ MS nurse |  | Telephone |  |
| Relative/ other |  | Telephone |  |

**Line manager**

#### Keeping in touch

If you are absent from work on sick leave for more than [x] days and have followed the usual procedures for notifying the organisation of your absence I will keep in contact with you in the following way:

|  |
| --- |
| Who will contact whom? |
| How will contact be made? (email, telephone, text, letter) |
| How often? (daily, weekly, monthly) |
| When? (preferred day, preferred time) |

#### Conversations while you are on sick leave

|  |
| --- |
| These are the topics we have agreed we will discuss while you are absent, for example;   * How you are feeling, * What I can do to help, * Current work, * Planned phased return to work, * Return to work date etc, etc. |

#### Return to work

When you are ready to return to work after a period of sickness absence of more than [x] days we will meet to review this agreement and make any necessary amendments.

At this return to work meeting we will also discuss:

|  |
| --- |
| For example:   * Current work issues. * A phased return/back to work plan. * What to tell the team. * Assessments to review existing reasonable adjustments (Access to Work, GP, occupational health) and identify new adjustments that might be needed etc |

#### Unauthorised absences from work

If you are absent from work and have not followed usual procedures for notifying us that you are sick or absent for a reason relating to your disability we have agreed that I will do the following:

|  |
| --- |
| For example;   * Try to contact you on your mobile and/or notify your emergency contact whose up to date details are as follows: |

An up to date copy of this form will be retained by myself/ line manager/ HR.

A copy of this form may also be given to a new or prospective line manager with the prior consent of the employee.

Employee signature:

Date:

Employer signature:

Date: