



University
of Victoria

TEMPORARY COVID-19 FAMILY STATUS ACCOMMODATION PLAN

DEPT/WORK UNIT: [Click here to enter text.](#)

DATE: [Click to select date](#)

EMPLOYEE: [Click here to enter text.](#)

POSITION: [Click here to enter text.](#)

SUPERVISOR/ACADEMIC LEADER : [Click here to enter text.](#)

CURRENT SITUATION

The Employee has provided rationale to support the need for them to perform some or all of their work responsibilities remotely, on the basis of a family status accommodation until current COVID-19 conditions improve ([insert other timeline or condition](#)).

ACCOMMODATION MEASURES

For the period of *date to date (not to exceed April 30, 2022)*, the Employee's responsibilities will be carried out remotely. (*Insert any other changes in duties arising from the accommodation.*)

ACCOMMODATION REVIEW PROCESS

COVID-19 Family Status Accommodation Plans are subject to review at regular intervals as the COVID-19 context evolves.

REVIEW DATE: [Click here to enter a date.](#)

- Any of the parties may request a meeting at any time to further discuss the evolving COVID-19 context relating to this Accommodation Plan.
- This agreement is specific to the COVID-19 context and will not form precedent in any other situation.

Signatures:

[Click here to enter employee name](#)

Supervisor/ Academic Leader name and
department

Copy of signed plan circulated to all parties on: [Click here to enter a date.](#)