# Reasonable adjustment agreement

**Privacy notice:** The Department of Education is collecting personal information set out in this agreement in accordance with the department’s Workplace rehabilitation and Reasonable adjustments procedures, in order to document agreed reasonable adjustments. It will also be used to facilitate review of the agreement periodically or when circumstances change. The information will only be accessed by employees within the department who are involved in facilitating workplace rehabilitation and/or reasonable adjustments for employees with medical conditions. Some of this information may be given to the employee’s insurer, WorkCover Queensland, a treating doctor or allied health professional or a doctor appointed by the department, if the reasonable adjustment is provided under the Workplace rehabilitation procedure. Your information will not be given to any other person or agency unless we have your consent or the department is authorised or required by law to make the disclosure.

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| **Employee name** |  |
| **Employee ID** |  |
| **Position/Level** |  |
| **School/Work unit** |  |

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| **Restriction/s** |
| *Specify the nature of the work restriction/s (for example: requires adaptive equipment to answer school phone)* |
| 1. |  |
| 2. |  |
| 3. |  |

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|  **Reasonable adjustment/s** |
| *Provide clear details of specific adjustments/accommodations (for example: modifications to staff toilet to allow wheelchair access; or rostered duties to be performed in wheelchair accessible area).**These are recorded in the TSS payroll system.* |
| 1. |  |
| 2. |  |
| 3. |  |

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| **Duration of this agreement***E.g. 22/01/2023 to 14/12/2023* |  |
| **Review date***This date should be set prior to the expiry of this agreement to allow time to obtain further written medical advice to either continue, modify or cease the reasonable adjustments.**Formal reviews should occur as required and in line with medical advice, however at a minimum should be undertaken annually.* |  |

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| **Employee name** |  | **Signature** |  | **Date** |  |
| **Principal / Supervisor name** |  | **Signature** |  | **Date** |  |

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| The department will review this reasonable adjustment agreement at the agreement termination date **and earlier** if there is a change in your circumstances (for example updated medical advice, a change to work processes or your work environment), in accordance with the Reasonable adjustments procedure or Workplace rehabilitation procedure (whichever is applicable). |

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| **Submit approved agreement** |
| **Please submit this approved agreement:** * upload into an existing Injury Management record in MyHR WHS; and
* email to your regional Claims Management Officer for processing in the TSS payroll system.

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| **Central Office**ClaimsManagement.CO@qed.qld.gov.au**Central Qld Region**ClaimsManagement.CQR@qed.qld.gov.au**Darling Downs South-West Region**ClaimsManagement.DDSWQ@qed.qld.gov.au**Far North Qld Region** ClaimsManagement.FARNTHQLD@qed.qld.gov.au**Metropolitan North Region**ClaimsManagement.MetroNth@qed.qld.gov.au | **Metropolitan South Region**ClaimsManagement.MetroSTH@qed.qld.gov.au**North Coast Region**Moreton ClaimsManagement.NorthLakes@qed.qld.gov.au Sunshine Coast ClaimsManagement.Nambour@qed.qld.gov.auGympie to Bundaberg ClaimsManagement.WBB@qed.qld.gov.au**North Qld Region** ClaimsManagement.NTHQLD@qed.qld.gov.au**South-East Qld Region** ClaimsManagement.SouthCoast@qed.qld.gov.au |