# Employment Support Plan

While most employees with disability will not require major adjustments or modifications to the workplace, some will. If an employee needs support to settle into or maintain their job long-term, an Employment Support Plan can be useful to outline the types of support available through Disability Employment Services (DES).

The plan outlines employer and employee assistance to address any disability-related issues that could affect work performance or long-term job retention. Employers should keep a copy of this plan on the employee’s HR file for future reference.

A good Employment Support Plan takes both the employee and employer’s needs into account. It clearly outlines the nature of support the employee may need at various stages of their employment.

Please see the suggested template below:

## Employee Details

|  |  |
| --- | --- |
| Name |       |
| Job title |       |
| Employer |       |
| Job location |       |
| Job start Date | Click here to enter a date. |

## DES Provider Details

|  |  |
| --- | --- |
| Provider name |       |
| Consultant |       |
| Alternative DES contact |       |
| Address |       |
| Phone Number |       |
| Email |       |
| Website |       |

(Name of DES) agrees to provide the following support to (Name of Employee) upon commencement of their employment:

## Induction/Onboarding

|  |  |  |
| --- | --- | --- |
| Action (clearly specify) | Person responsible | Frequency/Duration |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

## Probation Period

|  |  |  |
| --- | --- | --- |
| Action (clearly specify) | Person responsible | Frequency/Duration |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

## Retention /Career Development

|  |  |  |
| --- | --- | --- |
| Action (clearly specify) | Person responsible | Frequency/Duration |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Agreement Date | Click here to enter a date. |
| Agreement Review Date(s) | Click here to enter a date. |

## Signatures

|  |  |
| --- | --- |
| DES Provider (name) |  |
| Employee (name) |  |
| Employer (name) |  |