



KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

ADMINISTRATIVE REGULATIONS APPENDIX B

Section	Educational Services	Regulation Code: ES-3.8.4B
	• Programs and Curriculum	Policy Code Reference: E-3.8
Regulation:	SERVICE ANIMALS IN SCHOOLS	Page 1

EMPLOYEE APPLICATION FOR SERVICE ANIMAL AT WORK - PROCESS

1. The success of the implementation of a service animal in a workplace setting depends on clear communication, a well-informed workplace community and careful planning. The information you provide will assist the Supervisor and Employee Health Services make the best possible decisions for you, as well as for other employees and visitors in the workplace. Personal information is being collected by the Kawartha Pine Ridge District School Board in accordance with the Municipal Freedom of Information and Protection of Privacy Act, PPM 163 and the Human Rights Code. The information you provide will be filed in your personnel file.
2. The use of a service animal can be an accommodation to help employees access their work and the workplace. If the application is approved, the Supervisor will arrange for a case conference meeting to discuss the introduction of the service animal into the workplace. Please read sections 4.7 to 4.9 inclusive of this Administrative Regulation for employees' responsibilities in this process.
3. The well-being of the animal is very important. Its care, handling, and training needs will be addressed, and your input as a trained handler is valuable. The Supervisor needs to know what other resources are available to assist the transition to the workplace and the implementation of the plan. Strategies for becoming familiar with the building and grounds and orientation for staff about interacting with the animal should be included in the planning.
4. If the workplace is a school: The School Council advises the Principal on matters pertaining to the school community. It is customary to provide an information session for the School Council and other interested parties. It is our experience that important information shared in this way helps understanding and acceptance of new practices at the school. You will be asked to participate in information sessions for staff, parents, as well as for students.
5. Once the planning is in place, the goal will be to follow the plan as soon as possible.
6. A review of the effectiveness of the service animal in supporting the employee's needs shall be undertaken annually, or as otherwise deemed necessary by the Supervisor. The Supervisor may be revoked at any time by the Supervisor, in consultation with Employee Health Services, for the reasons outlined in section 7.2 of this Administrative Regulation.
7. Please complete the application form, attached, and submit it, with all accompanying documentation, to the Supervisor, who will review and submit to Employee Health Services. If you have any questions, Employee Health Services can assist you.

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Section: Educational Services Regulation Code: ES-3.8.4B
• Programs and Curriculum Policy Code Reference: ES.8
Regulation: SERVICE ANIMALS IN SCHOOLS – continued Page 2

EMPLOYEE APPLICATION FOR SERVICE ANIMAL AT WORK - FORM

Name of Employee: _____ D.O.B.: _____

Address: _____

Telephone number(s): Home: _____ Cell: _____ Work: _____

I am requesting that I be allowed to use a guide dog/service dog/service animal at my workplace
The service animal is a: _____

Disability -Related Needs to be Accommodated by Service Animal

- Please attach a copy of the assessment report from a registered pediatrician, psychologist, psychiatrist, optometrist or audiologist containing the diagnosis and describing in detail the disability related needs or acts of daily living to be accommodated at the work setting. The Service Animal will provide accommodation in a work setting.

Municipal License

- Please attach a copy of the municipal license, not more than 12 months old, for animals which qualify; confirmation to be updated annually.

Veterinary Certificate- Dogs

- Please attach a certificate from a veterinarian qualified to provide a certificate of fitness for a dog to be used as a service animal.

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• Programs and Curriculum Policy Code Reference: ES.8
Regulation: SERVICE ANIMALS IN SCHOOLS – continued Page 4

Additional information that will assist the supervisor (e.g. Safety, behaviour, or temperament of the animal):

_____ I understand my responsibilities as outlined in articles 4.7, 4.8 and 4.9 of this Service Animals in Schools Administrative Regulation

_____ I give permission for the information gathered in this application to be shared with my Supervisor and Employee Health Services for the purposes of determining if a service animal is an appropriate accommodation for the workplace. The information will be stored in my personnel file.

Signature of Employee

Date

I support the application for a service animal for this employee

Signature of Supervisor

Date

Established: