Reasonable Adjustments Form

Workplace concern	Agreed Reasonable Adjustment	Proposed outcome	Period of review
(e.g. unable to concentrate in the open-planned environment during busy periods).	(e.g. individual is allowed to work from a closed office environment during these periods).	(e.g. that impact to productivity and concentration is greatly reduced).	(e.g. ongoing weekly from 04/04/XX).
	SUPPORTING PE	OPLE AFFECTED BY BIPOLAR	

		bipolar	'UK	
Date of review	Review notes	SUPPORTING PEOPLE AFFEC	ETED BY BIPOLASigned by E Employer's representat	Signed by Employee

I understand that this is not a legally binding document and it is to be used for the purposes of monitoring agreed adjustments between an Employer and Employee.

Representative of/ or Employer: Signed Supporting People AffePrint Name AR Date

Employee: Signed Print Name Date

Other person present (if applicable): Signed Print Name Date