



Public Service Secretariat
Office of Employment Equity for Persons with Disabilities

For Office Use Only

ABCC #: _____

Date Received: _____

**CAREER DEVELOPMENT INITIATIVE FOR
AGENCIES, BOARDS, COMMISSIONS AND CROWN CORPORATIONS
PROPOSAL FORM**

SUBMITTED BY

<i>Name</i>	
<i>Title</i>	
<i>Organization</i>	
<i>Division</i>	
<i>Location</i>	
<i>Mailing Address</i>	
<i>Phone Number</i>	
<i>Fax Number</i>	
<i>E-Mail Address</i>	

PROPOSED WORK EXPERIENCE

<i>Position Title</i>	
<i>Classification</i>	
<i>Organization</i>	
<i>Division</i>	
<i>Location</i>	
<i>Start Date</i>	
<i>End Date</i>	

A Position Description **must** accompany this form. Work experience opportunities comprising clusters of related tasks which your Employer needs performed may be created. The grouping of selective job tasks from one or more positions currently in the workplace will be acceptable as long as you do not withdraw the central core of tasks of any established position.

WORK SPACE AND EQUIPMENT REQUIREMENTS

The Office of Employment Equity for Persons with Disabilities has funds available to purchase equipment that will accommodate the disability of the work experience incumbent, e.g., telephone amplifying device. However, it is the responsibility of the Employer to provide a suitable, accessible work space for the work experience incumbent to work at the above noted location and to provide any equipment, e.g. computer, desk, chair, that is required for the work experience incumbent to perform the duties of the work experience.

ORIENTATION AND TRAINING

The Office of Employment Equity for Persons with Disabilities will cover the cost of any formalized job-related training that may be identified, throughout the course of the work experience, as necessary to enhance the ability of the work experience incumbent to perform the duties of the position, e.g., computer software training, etc. However, the Employer is expected to provide the work experience incumbent with appropriate and adequate orientation, training and support.

Please indicate who will be responsible for providing the training and support for the incumbent of this work experience:

Name	
Title	
Phone Number	
E-Mail Address	

DEPARTMENTAL APPROVAL AND SIGNATURES

Submitted by	
Director of Human Resources	
Chief Executive Officer/Designate	
Date	

Mail or fax this form to:
Office of Employment Equity for Persons with Disabilities
5th Floor, West Block, Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6 Fax: (709) 729-5446