



Dunbartonshire and Argyll & Bute  
Valuation Joint Board

## Disability Passport Tailored Adjustment Agreement

<b>Employee Name</b>	
<b>Job Title</b>	

### Employee

<b>My disability</b>
<i>Please detail</i>

<b>My disability has the following impact on me at work</b>

<b>My reasonable adjustments</b>	<b>Comments</b>
Location	
Hours	
Job content	
Furnishings/Equipment	
Personal Support	
Transport	
Other (e.g. Agreed Disability Leave)	

<b>In order to support me, my colleagues should be made aware of the following details about my disability</b>

<b>Employee Signature</b>		<b>Date</b>	
<b>Manager Name</b>			
<b>Manager Signature</b>		<b>Date</b>	

An up to date copy of this form will be retained by employee/line manager.

A copy of this form may also be given to a new or prospective line manager with the prior consent of the employee.