



Workplace Adjustment Passport

Pre-Populated Passport Example - Long Covid

Personal When Completed

The purpose of the passport is to record all your workplace adjustment requirements that are agreed with your line manager. Sharing and discussing your passport regularly with your line manager can enable them to provide you with tailored support and appropriate workplace adjustments.

Please complete this passport by providing any information that may help your line manager understand the impact your disability, health condition, or gender reassignment has on you when you are at work. Please note you do not need to provide any information you are not comfortable sharing.

This passport will belong to you and can be shared with line managers in your current/new department to help facilitate any workplace adjustments you may require. This passport should be reviewed annually with your line manager but may be reviewed more frequently due to changes in your health circumstances/environment/job role.

Name: Michelle Green

Line Manager: Greg Smith

Department: Department for Work and Pensions (DWP)

Details of your Disability or Workplace Barriers that you currently experience

Please provide a description of your disability or any workplace barriers that you currently experience that may impact your wellbeing or work. Please do not provide any information that you do not feel comfortable discussing with your line manager.

I have Long Covid.

My symptoms include fatigue, shortness of breath and brain fog. To support me I attend a Long Covid recovery clinic and support group.

The impact of the fatigue from long Covid is that it makes me extremely tired. I want to return to work and I have been unable to return to work on a full-time basis but feel that I could work so I have asked for slightly reduced hours. Due to my shortness of breath, it would also be helpful if



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I could have a desk with other team colleagues that is near the lift to reduce the amount of walking I need to do. When this is really bad I will need to work from home more frequently or use my mobility scooter within the building.

My brain fog means that I will need written information as well as verbal updates about work and the tasks I need to deliver.

To support you in your role, please provide any information relating to your workspace, working hours, communication, equipment, and technology that may be impacted by your disability, health condition or circumstances. Please do not include any information that you do not feel comfortable discussing with your line manager.

Workspace

Do you require any adjustments to your workspace to support you?

YES

- I need a desk near the lift.

Working Hours

Do you require any adjustments to your working hours to support you?

YES

- I need flexible working with a later start in the morning and earlier finish to avoid the rush hour.

Communication

Do you have a preferred method of communication that may support you/any methods of communication that you may find challenging?

YES

- My brain fog means that I will need written information as well as verbal updates about work and the tasks I need to deliver.
- I will need to have breaks between meetings to allow me time to recharge.
- Weekly 1:1 Wellbeing check ins with manager

Equipment And Technology



Do you require any specialist equipment or technology to be provided to support you in your role?

YES

- I use an ergonomic office chair
- On days when my fatigue is particularly bad I may use my personal mobility scooter in the office.

Additional Information

Please provide any additional information that may not have been covered in the sections above.

My condition fluctuates, sometimes I am completely non symptomatic, and at other times I am really unwell, this means that arrangements I have over my working hours, could need changing at short notice.

I require a 1:1 keep in touch meeting with my line manager every week this gives me space to discuss how I am feeling and raise whether I need additional support.

Summary Of Agreed Workplace Adjustments:

The following table is used to keep a summary of agreed Workplace Adjustments.

Workplace Adjustment	Date Identified	Date Implemented
Phased return to work over six weeks, gradually increasing hours. No attendance on a Thursday. Working hours to be arranged with a start time no earlier than 10.30am with the latest finish to be 2.30pm. This arrangement will be regularly reviewed.	01/09/2021	12/09/2021
Moving to a desk near the lift	01/09/2021	12/09/2021
Written updates from meetings and work tasks/objectives.	01/09/2021	12/09/2021



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Breaks between meetings.	01/09/2021	12/09/2021
Weekly 1:1 Wellbeing check ins with manager	15/12/2022	15/12/2022
Flexible working with a later start in the morning and earlier finish to avoid the rush hour	14/12/2023	14/12/2023
Use my personal mobility scooter in the office.	09/01/2025	09/01/2025

The following table is used to keep a written record of when the passport is reviewed and/ or amended. **The passport should be reviewed at least annually.**

Review Date (DD/MM/YYYY)	Amendments Made	Reason for Amendment	Employee Signature	Line Manager Signature
01/09/2021	Phased return to work	Returned to work following sickness	M. Green	G. Smith
01/09/2021	Desk near lift	Returned to work following sickness	M. Green	G. Smith
01/09/2021	Written updates from meetings and work tasks/objectives.	Returned to work following sickness	M. Green	G. Smith
01/09/2021	Breaks between meetings	Returned to work following sickness	M. Green	G. Smith
15/12/2022	Weekly 1:1 Wellbeing check ins with manager	Yearly review	M. Green	G. Smith
14/12/2023	Flexible working with a later start in the morning and	Yearly review	M. Green	G. Smith



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	earlier finish to avoid the rush hour.			
19/12/2024	None	Yearly review	M. Green	G. Smith
09/01/2025	Use my personal mobility scooter in the office.	Condition worsened	M. Green	G. Smith

Employee Signature and Date:	M. Green	09/01/2025
Line Manager Signature and Date:	G. Smith	09/01/2025

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