# Employer Recommendation Template

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| To: | | Date: |
| From: **Health & safety Committee** | | |
| (Co-Chair Signature – Employer Representative) | (Co-Chair Signature – Worker Representative) | |
| Please respond by: *(Within 30 calendar days.)* | | |
| **OH&S Issue:** *(Give a short, clear and complete description [what, why, who, where and when] of the issue.)* | | |
| **Committee Recommendation:** *(Make sure the recommendation deals with workplace health and safety. Include reasons for your recommendation. If applicable, include options and pro and cons of each. For complex issues: list options, steps involved and suggested time frame for implementation/completion.)* | | |
| **Committee Decision:** (*Indicate if this recommendation was voted on or decided by consensus)* | | |
| **Employer Response: (attach a separate sheet if necessary)**  **Signature:**  (Department Head or Designate)  **Date Returned:** | | |
| **Committee Comments:** *(Note any follow-up or additional action required by the Committee.)* | | |