



HUMAN RESOURCES POLICIES AND PROCEDURES

Area:	Basic Policies and Appointment	Number:	2000
Subject:	Reasonable Accommodation in Employment	Issued:	
	7/2008		
Applies To:	Faculty and Staff and Job Applicants	Revised:	

Purpose

To establish a policy in accordance with the American with Disabilities Act that defines policy and procedure for reasonable accommodation for applicants and employees.

A. General. In compliance with the Americans with Disabilities Act (ADA), Georgia Southern University provides reasonable accommodations for qualified individuals with disabilities who are employees in order to enable them to perform the essential functions of their position and, with respect to application procedures, to applicants for employment in order to afford equal employment opportunity to qualified individuals with disabilities.

A-1. Reasonable Accommodations. If there are several effective and reasonable accommodations that would provide an equal employment opportunity, or if the employee with a disability prefers to provide his or her own accommodation, the employee's preference will be given first consideration. However, the ADA provides that management is free to choose among effective and reasonable accommodations, and may choose one that is less expensive or easier to provide.

A-2. Institutional Responsibility. The fact that an individual is willing to provide his or her own accommodation does not relieve the university of the duty to provide this or another reasonable accommodation should the employee with a disability, for any reason, be unable or unwilling to continue to provide his or her own accommodation.

A-3. ADA Definitions. The Americans with Disabilities Act provides specific definitions regarding individuals with disabilities. The following definitions apply to Georgia Southern procedures.

- 1) Qualified Individual with a Disability means an individual with a disability, who can perform the "essential functions" of the position, with or without reasonable accommodation.
- 2) Essential Functions means the fundamental job duties of the employment position the individual with a disability holds or desires. "Essential functions" do not include "marginal functions", which are those duties which are incidental to the performance of the fundamental job duties of the position. Criteria which can be applied to determine if a particular duty is an "essential function" include:
 - a) The function may be essential because the reason the position exists is to perform the function;

b) The function may be essential because of the limited number of employees available among whom the performance of that job can be distributed; and or,

c) The function may be highly specialized so that the incumbent is hired for his or her expertise or ability to perform the particular function.

3) Covered Disability means a physical or mental impairment that substantially limits one or more major life activities; or, a record of such impairment; or, being regarded as having such an impairment.

4) Reasonable Accommodation means:

a) Modifications or adjustments to a job application process that enable a qualified applicant with a disability to compete for the position such qualified applicant desires; or,

b) Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; or,

c) Modifications or adjustments that enable the employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

5) Undue Hardship means that the provision of "accommodation" would result in "significant difficulty or expense." However, while the financial impact of an accommodation is a significant factor, any accommodation that would "be unduly costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business or program" may be an "undue hardship."

B. Process. Employees apply for reasonable accommodation at Human Resources (HR) and provide documentation of disability. The appropriate accommodation is identified through an interactive process involving the employee, the Chief Human Resources Officer or designee, the employee's supervisor, and the department chair or director of the unit. There are procedures for second review and for appealing requests which are denied.

C. Procedure. A request for reasonable accommodation to enable an employee to perform the essential elements of his or her position, or to enable an applicant for employment to complete the application procedures for the desired position, must be initiated by the individual seeking accommodation.

C-1. Procedure for requesting reasonable accommodation in employment.

1) **Initiate request.** The employee seeking accommodation informs either the supervisor, or HR, that he or she has a disability and requests reasonable accommodation to perform the essential functions of his or her position. Upon receiving a request for reasonable accommodation in employment, HR will provide the person requesting accommodation with an official copy of his or her job description and two forms: the Reasonable Accommodation in Employment Information Form, and the Attending Physician's Statement of Functional Capacity. HR has the right to waive these forms in obvious cases such as amputation, paraplegia, etc.

2) **Complete forms.** The employee seeking accommodation:

- a) Completes the Reasonable Accommodation in Employment Information Form;
- b) Takes the Attending Physician's Statement of Functional Capacity, together with the official copy of the job description, to his or her physician or health care provider and asks that individual to complete the form with reference to the job description (this provides an official, written outline of job-related limitations imposed by the employee's disability as diagnosed by the physician or health care provider);
- c) Returns both completed forms to Human Resources.

3) **HR Review.** Upon receiving the completed Request for Reasonable Accommodations in Employment and the Attending Physician's Statement of Functional Capacity, HR will:

- a) Review the essential functions of the job (or analyze the job and determine its purpose and essential functions if not already done);
- b) Consult with the employee with a disability to determine his or her view regarding the precise job-related limitations imposed by the disability and how those limitations may be overcome with various reasonable accommodations.
- c) Review the employee's suggestions for reasonable accommodation with the department head or responsible unit administrator.
- d) If there are several effective accommodations that would provide an equal employment opportunity, the university will consider the preference of the employee with a disability and select the reasonable accommodation that best serves the needs of the employee and the university.

4) Approval of reasonable accommodation and notice to the employee. If the administrator agrees with the employee's suggested accommodation, the accommodation is authorized and the employee will be notified by HR (or by the administrator). Following granting the employment accommodation, the Chief Human Resources Officer or designee, will periodically review the status of the accommodation made and the satisfaction level for both the employee and the university.

C-2. Procedure for reconsidering denial of accommodation requested.

1) Failure to agree regarding requested accommodation. If the department head or unit administrator questions or is reluctant to provide any of the accommodation(s) requested by the employee, additional consultation is necessary between the employee, the administrator and the Chief Human Resources Officer or designee.

2) Reasonable Accommodations in Employment (RAE) committee. If the request is not resolved by further discussion among the parties, upon request of the Chief Human Resources Officer or designee, the Reasonable Accommodation in Employment (RAE) committee, will review proposed accommodations and advise on potential alternatives. The RAE committee is comprised of individuals with special expertise in identifying accommodations for persons with disabilities. Membership on this committee includes, but is not limited to:

- a) the Director of the Counseling and Career Development Center, or designee;
- b) the Director of the Student Health Center, or physician designee;
- c) the Director of the Physical Plant, or designee;
- d) the Director of Diversity, or designee; and
- e) the Chief Human Resources Officer.

C-3. Procedures for Review of Accommodations Requiring Structural Modifications. To ensure highest and best use of resources, all accommodations requiring structural modifications, as well as all accommodations requiring extraordinary expense, will be reviewed by the RAE committee and the dean, director or other senior administrator.

1) When structural modifications are being considered, the RAE committee will consult with a representative from Physical Plant who is familiar with the ADA Accessibility Guidelines (ADAAG) to ensure that proposed structural modifications are accomplished in the most cost/beneficial manner and that they address all of the modifications required for the situation in question.

2) The dean, director or other senior administrator of the unit will be expected to provide a statement describing the programmatic (e.g., non-structural) modifications considered and their disposition.

C-4. Procedure for Appealing Denial of Requested Accommodation and Sources of Additional Assistance.

Requests for reasonable accommodation which are denied, or with which the individual with a disability is dissatisfied, may be appealed through the Georgia Southern University's grievance procedure.

D. Information and/or Questions Regarding Disability Accommodations. Because determination of who is a "qualified individual with a disability" is often made on a case by case basis depending on the circumstances of the particular employment situation, the person seeking reasonable accommodation is encouraged to consult with the Chief Human Resources Officer or designee who serves as the reasonable accommodation specialist. Contact HR, at 104 Southern Drive – Sweetheart Circle, Rosenwald Building, P.O. Box 8104, Statesboro, GA 30460-8104, or telephone (912) 478-1538.

D-1. Forms. Forms for requesting reasonable accommodations in employment and for obtaining the necessary medical certification of disability are available (form link is located below), or upon request from HR, at P.O. Box 8104, Statesboro, GA 30460-8104, or telephone (912) 478-1538. HR also has staff available to help provide assistance in completing required forms.

Form (below):

Reasonable Accommodation Form

Georgia Southern University

Reasonable Accommodation In Employment Information Form

Please complete this form to release information regarding your request for an accommodation. Please **print** clearly and return the completed form to Human Resources (Benefits Office), P.O. Box 8104, Statesboro, GA, 30460-1804. If you have any questions, please call the Benefits Office at (912) 478-1538.

REQUESTION EMPLOYEE:

Name (First, MI, Last):	ADP ID Number:	Campus Telephone:
Current Supervisor:	Department:	Employee Home Telephone:
Reason for request (situation, length of disability, etc.):		
Job functions affected (taken from job description):		
Suggested accommodations:		

To be considered a "qualified individual with a disability" means an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such an individual holds or desires.

I have attached a certificate from a licensed health care provider which describes the illness, injury, impairment or physical or mental condition and the approximate duration of the condition if temporary. This required certificate is dated and signed by said provider. I consent to allow the Reasonable Accommodations in Employment Committee to follow up with the health care provider if necessary.

Signature of employee or employee's representative

Date

For Human Resources use only:

Eligible to receive "reasonable accommodation" Yes ___ No ___

Date of completed forms: _____

Date of employee review: _____

Date of supervisor review: _____

Date of committee review: _____

Date of decision notification: _____

Approved to receive "reasonable accommodation" Yes ___ No ___

Reason(s) for not approving request:

Type of "reasonable accommodation" made:

Signature (Human Resources)

Date

Dear _____ (Health Care Provider)

We are asking for input by the attending health care provider to determine what accommodations (if any) are needed for _____ (print employee name) to perform the essential functions of the attached job description. Please complete the following information and return to Human Resources (Benefits), P.O. Box 8104, Statesboro, GA 30460-1804.

I hereby authorize any doctor or medical institution having information concerning me to release said information to Georgia Southern University, or its designated representative.

Employee Signature: _____ Date: _____

Attending Physician's Statement of Functional Capacity

The information provided is to be used for evaluation and auditing purposes only. The patient is responsible for having this form completed without expense to the employer.

NAME of PATIENT: _____

1. History and diagnosis: Please write legibly.

- a. Date symptoms first appeared or accident occurred:

- b. Date patient ceased to work:

- c. Date of most recent examination:

- d. Frequency of visits:

- e. Past history:

- f. Subjective symptoms:

- g. Objective findings (including test results):

- h. Primary diagnosis affecting work ability:

- i. Secondary diagnosis affecting work ability:

j. Present and future course of treatment:

k. Other known injuries or presently active diseases that may affect work abilities:

2. Does the patient's medical condition allow exposure to the following? Please check appropriate category and **EXPLAIN ANY LIMITATION BELOW**.

	No Limitation	Some Limitation	Avoid Completely	Cannot Determine
Allergenic agents				
Chemical / Solvents				
Drafts / Damp areas / molds				
Dust / Gases / Fumes / Fragrances				
Enclosed spaces				
Noise levels				
Scaffolds / Heights				
Stairs / Ladders				
Temperature Extremes				

Explanation:

3. Because of the patient's medical condition, are there any limitations on any of the following activities? Please check appropriate category and **EXPLAIN ANY LIMITATION BELOW**.

Explanation:

4. Evaluation of carrying and lifting abilities includes both the intensity and frequency of the activity. For each weight class listed below, please indicate the reasonable top limit of frequency. Please provide an **EXPLANATION BELOW** with any additional comments regarding limitations on duration, handle ability and distance (in front of body and above floor).

Intensity in pounds	Frequency: % of	Workday		
	Never	Less than 20%	20% - 60%	Greater than 60%

0 - 15				
16 - 30				
31 - 45				
Greater than 45				

Explanation:

5. If you have any additional information that is relevant to the patient's work ability as related to the attached job description, please indicate below.

6. _____ I certify that the employee has a physical, mental, emotional impairment that limits one or more major life activity. The life function affected is **(circle all that apply)**:

Caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, working, remembering, other (please describe):
