

PATHFINDER, INC.

REASONABLE ACCOMMODATIONS FOR EMPLOYEES WITH DISABILITIES

ONE HOUR CREDIT

This course is designed to introduce you to the interactive process employees initiate for work accommodations. In this course you will see a sample of an ADA Accommodation Request Form, gain an understanding of this interactive process, go through an exercise to find the form online, and receive the test code (which you will need to take and score a minimum of 80 percent) for one hour of credit.

Pathfinder is committed to working together with all employees to explore accommodations which will allow employees to perform their job functions with reasonable accommodation when needed that will not create an undue hardship on the organization.

All information regarding requests for accommodations will be handled confidentially.

All requests for accommodations (including light duty requests for work return) should be made as far in advance as possible to allow time for accommodations to be considered and put in place (if approved).

Consider and list types of light duty, short term and long term accommodations which might require work accommodations requests...



PROCEDURES:

An employee can request a reasonable accommodation by submitting an
ADA Accommodation – Request Form.



Pathfinder, Inc.
Affirmative Action /Compliance Office
ADA Accommodation – Request Form
Phone: 501-982-0528 Ext 1209

Please complete this form and submit it to the Affirmative Action/Compliance office to allow us to work together and address your request for reasonable accommodation. This information and other related documentation will be kept separate from your personnel and benefits files. This information will be kept confidential unless you authorize release and exchange of specified information. *Please note: Completion of this form does not guarantee the requested accommodation(s)*

Name: _____ Title/Position: _____ EMPL#: _____
Work Phone Number: _____ Email: _____
Department: _____ Work Location: _____
Supervisor _____ Part time employee _____ Full time employee _____
Work hours (i.e. 8am-4pm) _____ Work days (i.e. M-F) _____

Condition (s) that is the basis of your request for reasonable accommodation(s):

Request for accommodations(s) is _____ permanent or _____ until _____

Describe the accommodation you are requesting.

Describe how the accommodation you are requesting will enable you to perform the essential function(s) of your job.

- The Affirmative Action/Compliance Office will:
- Consult with employee.
 - A statement of medical necessity may be required, if applicable to request.
 - Review your ADA accommodation documentation.
 - Follow-up meeting with employee is scheduled to discuss determination. A letter of approval or denial is presented at this time.

Employee Signature _____

Date _____

PROCEDURES Continued:

After a request for accommodation has been made, the ***interactive process*** begins. This process will determine what, if any, accommodation should be provided. The employee should be referred by their supervisor to the Director of Compliance, who will meet with the employee regarding the nature of the problem, and possible accommodations that may be effective to meet the employee's needs.

Recognizing an Accommodation Request:

The interactive process starts with an accommodation request from an employee with a disability so it is important to be able to recognize a request. Any time an employee indicates that he/she is having a problem and the problem is related to a medical condition, we need to consider whether the employee is making a request for accommodation under the ADA.

For example:

Example #1: An employee tells her supervisor "I'm having trouble getting to work at my scheduled starting time because of medical treatments I'm undergoing." This is a request for a reasonable accommodation.

Example #2: An employee tells his supervisor, "I need six weeks off to get treatment for a back problem." This is a request for a reasonable accommodation.

Example #3: A new employee, who uses a wheelchair, informs the supervisor that her wheelchair cannot fit under the desk in her office. This is a request for reasonable accommodation.

Example #4: An employee tells his supervisor that he would like a new chair because his present one is uncomfortable. Although this is a request for a change at work, his statement is insufficient to put the employer on notice that he is requesting a reasonable accommodation. He does not link his need for a new chair with a medical condition.

PROCEDURES Continued:

The employer needs to know what limitations are interfering with job performance and what specific work tasks are at issue. What accommodations is the employee requesting and how will that enable him/her to perform the essential functions of his/her job? Is the request permanent or for a period of time?

Within **10 business days** the Director of Compliance will discuss the request with the employee. Both will work together to identify effective accommodations. It may be necessary for the Director of Compliance to request information from others that might be necessary to make a determination. This may include medical information certifying that the employee has a covered disability that requires accommodation, if the disability is not obvious. A **Confirmation of Request for Reasonable Accommodation** form will be completed by the Director of Compliance.

Once the limitation has been identified, the process to explore accommodation options begins. The employee will be invited to suggest accommodations. It may be necessary to seek ideas for accommodation from medical professionals.

Once options have been explored, the accommodation will be presented to the employee. If more than one option is available, the employee may be given a preference. Accommodations may be implemented on a trial basis to determine if it will be effective.

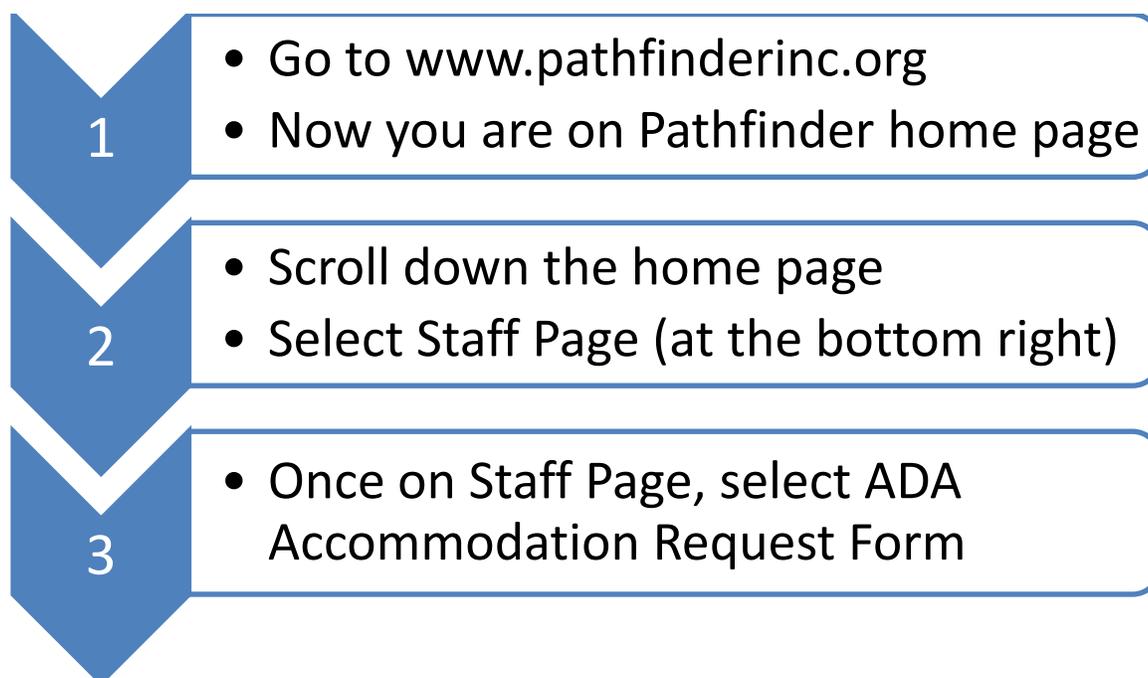
If no accommodations are available that would enable the employee to effectively perform the functions of their job, or the accommodation would cause undue hardship, a **reassignment** may be considered. Vacant positions will be reviewed to determine if the employee would be able to be reassigned.

An approved accommodation will be made as soon as possible, but no later than **30 business days from the date of the request**. The time needed to obtain medical information or physician's statement will not be included in the 30 days.

All decisions regarding a request for reasonable accommodation will be communicated to the employee on an **ADA Accommodation – Determination Form**. The terms of the accommodation will be explained, including time frames, or if denied, the reason for denial will be specified. If an accommodation is implemented and is ineffective, the employee must advise the supervisor so that the request can be reviewed. Supervisors should encourage ongoing communication with the employee as to any issues with the accommodation.

If the employee disagrees with the resolution, they must submit an appeal in writing within 3 days of receipt of the resolution. The appeal must indicate the reason for the disagreement and the remedy being sought. The appeal will be reviewed and a final decision will be made and provided to the employee within 5 days of receipt of the appeal request.

In three easy steps, you can obtain the ADA Accommodation Form...



TEST ACCESS CODE: Path1804