



POLICY

Subject: AMERICANS WITH DISABILITIES ACT

1.0 PURPOSE AND SUMMARY

It is Southern University System (“the University”) policy to not discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment.

As part of its effort to comply with both the Americans with Disabilities Act (ADA) and similar state laws, the University will make reasonable accommodations to the known physical or mental limitations of qualified individuals with disabilities, unless such accommodations would create an undue hardship or pose a direct threat to the health and safety of the individual or others. The University fully embraces its obligations in this regard and expects all employees to actively engage in an interactive process to identify and assess potential accommodations that will enable qualified individuals with disabilities to better perform the essential functions of the position they hold or seek.

This policy and procedure applies to all employees and applicants.

2.0 RESPONSIBILITY MATRIX

2.1 Procedure Responsibility

- 2.1.1 The Associate Vice President of Human Resources is responsible for the development and maintenance of this policy.
- 2.1.2 Employees or applicants are responsible for communicating the need for accommodations to their manager or the System’s Human Resources Department.
- 2.1.3 Managers are responsible for communicating any request for an accommodation to their Human Resources Department.
- 2.1.4 The assigned Human Resources Department is responsible for engaging in an interactive process with the employee and/or applicant to determine what reasonable accommodations, if any, are to be granted to the employee or applicant. Additionally, the Human Resources Department is responsible for communicating this information back to the manager.



3.0 DEFINITIONS

As used in this policy, the following terms have the indicated meaning and will be applicable in relation to the ADA policy.

Disability—refers to a physical or mental impairment that substantially limits one or more of the major life activities of an individual. An individual who has such impairment, has a record of such impairment, or is regarded as having such impairment is a “disabled individual.”

Direct threat to safety—means a significant risk to the health or safety of others that cannot be eliminated by reasonable accommodation.

Essential job functions—refers to those activities of a job that are the core to performance of the position. In other words, these are the duties for which the job exists and cannot be modified.

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 the individual holds or has applied for.

Reasonable accommodation—means making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or services, adjustment or modification of examinations, adjustment or modification of training materials, adjustment or modification of policies, and similar activities.

Undue hardship—means an action requiring significant difficulty or expense by the employer. The factors to be considered in determining an undue hardship include (1) the nature and cost of the accommodation, (2) the overall financial resources of the campus which the reasonable accommodation is to be made, (3) the number of persons employed at the University, (4) the effect on expenses and resources or other impact upon the University, (5) the overall financial resources of the University.



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4.0 POLICY

The University is committed to equal opportunity for individuals with disabilities in the workplace and will not discriminate against individuals with disabilities in connection with any terms of conditions of employment. An individual with a disability will be given the same consideration for available positions as any other candidate. To the extent an individual with a disability requires a reasonable accommodation in order to perform the essential functions of the position, the University is committed to working with that individual to determine the availability of such accommodations, taking into consideration whether or not such accommodation will be effective and not create an undue hardship.

An employee who requires an accommodation which cannot be modified on the job they hold or desire must complete the Reasonable Accommodation Request Form and provide it to their supervisor or the Human Resources Department. An applicant who requires an accommodation must complete and return this Request Form to the hr@subr.edu email address.

The supervisor or other designee and Human Resources will consider the request and all information provided by the employee or applicant. In some circumstances, additional information may be needed from the employee or applicant as well as their health care provider. If the University determines in light of the information provided that the requested accommodation is reasonable and will not impose an undue hardship or a direct threat, the University will make the accommodation in accordance with applicable law. The University may propose an alternative to the requested accommodation or may substitute one reasonable accommodation for another, and retains the ultimate discretion to choose among reasonable accommodations.

Employees and applicants are expected to fully cooperate in the accommodation process, and the University will do the same. The individual's duty to cooperate includes making every effort to provide management with current medical information as it relates to the nature of the disability and limitations it imposes on the employee or applicant, the ability of the employee or applicant to perform the essential functions of the job, and suggested accommodations.

After the Reasonable Accommodation Request Form has been received by Human Resources, the employee will be asked to return a signed Medical Inquiry Form to their Human Resources Director. Managers, with assistance from Human Resources, must complete the Job Analysis Form in order to assist in determining what, if any, accommodation is appropriate.

If an accommodation agreeable to both parties is determined, Human Resources should issue an Accommodation Approval Letter.

If it appears an accommodation cannot be made, Human Resources will consult with the



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University's legal department to review the situation. Once all parties have been consulted, if an accommodation is appropriate and approved, then Human Resources shall issue an approval letter. If not, then Human Resources shall issue a denial letter and may take appropriate work-related actions as necessary in light of the facts presented.

5.0 ATTACHMENTS

- 5.1 Request for Job Accommodation Form
- 5.2 Request for Medical Information
- 5.3 Accommodation Approval Letter
- 5.4 Accommodation Denial Letter



EMPLOYEE REQUEST FOR ACCOMODATION

Instructions: Deliver this form to your Human Resources Department.

Employee Name _____ “S” No. _____
Position Title _____ Department _____
Manager Name _____ Date _____

Employee—Once you have completed this section, please give this document to your manager or Human Resources Department.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform your job duties:

State the accommodation(s) you are requesting and any alternatives:

Manager/Human Resources—State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented.

Attn: Managers—Complete your portion of this form and send the original to Human Resources. This form may not be kept in the employee’s personnel file.

Employee/Applicant Signature: _____

Deliver this form to your Human Resources Department.



MEDICAL INQUIRY FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

Instructions: The employee should have his/her medical provider to complete this form. This medical inquiry form is needed in order to process an accommodation approval.

A. Questions to help determine whether or not an employee has a disability.

A person has a disability under the ADA if the person has an impairment that substantially limits one or more major life activities. The following questions may help determine whether or not an employee has a disability:

Does the employee have a physical or mental impairment? Yes No

What is the impairment? _____

Is the impairment long term or permanent? Yes No

If *not* permanent, how long will the impairment likely last? _____

Does the impairment affect a major life activity? Yes No

If *yes*, what major life activity(s) is/are affected? This list is not all-inclusive.

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Eating | <input type="checkbox"/> Reading | <input type="checkbox"/> Normal functioning of: immune system, cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory and endocrine functions. |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sleeping | |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Hearing | <input type="checkbox"/> Concentrating | |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Reproduction | |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Speaking | <input type="checkbox"/> Communicating | |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Learning | <input type="checkbox"/> Thinking | |
| | <input type="checkbox"/> Sitting | <input type="checkbox"/> Toileting | |
| | <input type="checkbox"/> Bending | <input type="checkbox"/> Reaching | <input type="checkbox"/> Other |



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B. Questions to help determine whether or not an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether or not the requested accommodation is needed because of the disability:

What job function(s) is the employee having trouble performing because of the limitation(s)?

What limitation(s) is interfering with job performance?

How does the employee's limitation(s) interfere with their ability to perform the job function(s)?

C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

How would your suggestions improve the employee's job performance?

D. Comments.

Medical Professional's Signature: _____

Date: _____



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Accommodation Approval Letter

Date

Employee Name

Address

Address

Dear (Name):

This letter is in response to your request for an accommodation to perform the essential functions of your position. The medical provider's form that you gave us on (date) stated that you have the following work restriction(s): (list restrictions). We met with you to discuss possible accommodations needed because of these restrictions on (date).

We have approved the following accommodation(s): (list accommodation). This accommodation is considered the most effective given your essential job functions and our operational necessities and will be implemented effective (date).

Your records will be maintained in accordance with applicable confidentiality requirements. Please contact me if you have any questions.

Sincerely,

Human Resources Director



Accommodation Denial Letter

Date

Employee Name

Address

Address

Dear (Name):

This letter is in response to your request for an accommodation to perform the essential functions of your position. The medical provider's form that you furnished us on (date) stated that you have the following restrictions: (list restrictions). We met with you and discussed possible accommodations needed because of the limitations on (date).

The essential functions of a (employee's job title) require the employee to (list relevant essential job functions). After a careful review of your request, we have determined that we are unable to provide you with a reasonable accommodation at this time because of (reason).

Since we're unable to accommodate you reasonably in your current job, we will notify you of position vacancies. We will attempt to accommodate you by transferring you to a vacant position for which you are qualified.

Your records will be maintained in accordance with applicable confidentiality requirements. Please don't hesitate to contact me at (phone number) if you have questions.

Sincerely,

Human Resources Director



Job Analysis Form

Instructions: This form should be completed by the Supervisor and Human Resources.

Job Title: _____ Department: _____

Reports to: _____

1. Basic Functions and Scope of Job: Please provide a brief summary of the main purpose of this job and the prime reason for its existence. State briefly the scope of the job. Include quantitative data when possible.

2. Work Performed: Describe in detail the duties performed. State specifically what is done, and explain why and how. State the frequency of the duties performed.

3. Work Contacts: The extent to **which the position** requires the ability to gain cooperation, persuade, and influence other people. Indicate the level, frequency, difficulty, and importance of work contacts.

For each item provide the: 1) the contact frequency, 2) purpose of the contact, 3) means of contact (e.g. telephone, computer, face-to-face).

Immediate Peers

Peers in other departments

Immediate Manager

Managers in other departments

Executives

Customers

Other (specify)

4. Decision-Making Authority: Indicate level of discretion or authority allowed under University policies, procedures, and practices.

Indicate from the list below the: 1) type of assignment and 2) extent of supervision received:



Works according to detailed instructions, works under immediate, close supervision

Works according to standard instructions, work is subject to detailed, regular checks

Works according to well-defined procedures, completed work is checked during work cycle

Works according to established procedures, supervisor spot-checks completed work

Determines work method from alternative, completed work subject to subsequent review existing method

Devises work methods according to general review by department head directives

Works under broad assignment, general review by senior management

Specify nature of assignments: Examples:

- 5. Supervisory responsibility:** Extent to which employee controls, directs, or is accountable for work of others.

For this position provide the number and titles of employees supervised:

- 6. Physical Effort:** Amount of physical exertion expended in handling materials, tools, operating machines or equipment. Identify tools, equipment, machinery, materials handled. Indicate % of work time involved.

Tools % of time used



Equipment

Machinery

Materials' Weight

% of time in position

Walking

Standing

Lifting

Climbing

Pulling

Pushing

Cramped or confined space

Sitting

7. Work Conditions: Degree of exposure to work conditions.

Condition % of time

Dirt

Heat

Fumes

Smoke

Water

Noise

Vibration

Grease, Oil

Dust, Shavings

Office Environment



8. Education and Training Required: Minimum academic, commercial, and technical qualifications needed for performing duties of job.

- High School Diploma/GED
- Two-year college (Associate's Degree)
- Trade or Technical School (Certificate or diploma)
- Four-year college (Bachelor's Degree)
- Graduate (Master's Degree, JD, or Ph.D.)
- Certification (CPA, SPHR, etc.)

9. Years of Experience: Minimum previous experience required for performing duties of job.

- 0-1
- 2-3
- 4-5
- 6-more

10. Other requirements: Please list any required for performing duties of job.

Languages

Office or other equipment

License