

# **NORTHEAST COMMUNITY COLLEGE**

**ADMINISTRATIVE PROCEDURE NUMBER: AP- 7050.0**

**FOR POLICY NUMBER: BP – 7050**

## **DISABILITIES AND ACCOMMODATIONS CONCERNING EMPLOYMENT PROCEDURES**

### **1. PROCEDURE SUMMARY STATEMENT**

1.1 Northeast Community College is committed to providing equal employment opportunity for qualified individuals with disabilities. Therefore, the College will provide reasonable accommodation for a qualified individual's disability upon request, where the accommodation is necessary for the employee to perform the essential functions of his or her job.

1.2 The College shall:

1.2.1 Ensure that qualified individuals with disabilities are treated in a nondiscriminatory manner in the pre-employment process and that employees with disabilities are treated in a nondiscriminatory manner in all terms, conditions, and privileges of employment.

1.2.2 Keep all medical-related information confidential in accordance with the requirements of the ADA.

1.2.3 Provide disabled employees with reasonable accommodation where necessary to enable the employee to perform the essential functions of his or her job, except where such an accommodation would create an undue hardship on the College.

### **2 DEFINITIONS**

2.1 Reasonable Accommodation: A reasonable accommodation is an adjustment, waiver, change, or modification in the College's rules, regulations, policies, and/or procedures which is necessary for a qualified individual with a disability.

### **3 PROCEDURE**

3.1 If a College employee or applicant believes that he/she requires a reasonable accommodation for a disability, please notify the Human Resources Department promptly. Please do not submit a request to an immediate supervisor, as the Human Resources staff is trained to work through the accommodation process.

- 3.2 The Human Resources Department shall be responsible to obtain and evaluate the relevant medical and job information, work closely with College employees or applicants to identify and evaluate possible reasonable accommodations, and ensure appropriate confidentiality in the process. Each request will be evaluated and based on the circumstances of that particular situation. Employee or applicant participation and cooperation in the reasonable accommodation interactive process will be essential and is required, and may include job related medical assessments.
- 3.3 When considering a reasonable accommodation request, the College may take the following into consideration:
  - 3.3.1 Is the individual (the subject of the requested accommodation) qualified? Is this individual a person with a disability as defined by law? If the disability is not obvious, has the disability been verified by a reliable third party such as a medical professional?
  - 3.3.2 Is the request for an accommodation necessary because of the individual's disability? If the need for the accommodation is not obvious, the College may request a certification from a reliable third party such as a medical health professional to substantiate the need for the accommodation.
  - 3.3.3 Is the request for accommodation reasonable? Are other more reasonable options available? Would the requested accommodation impose an undue financial and administrative burden?
  - 3.3.4 Would the requested accommodation require a fundamental alteration in the essential job functions?
- 3.4 The College may decline to make an accommodation where it would be unreasonable, when it would not enable the employee to perform the essential functions of his or her job, would present a direct threat to health or safety of self or others, or where it would impose an undue hardship.
- 3.5 Procedure to Request a Reasonable Accommodation. The College is entitled to obtain information and the employee or applicant must provide relevant information that is necessary to evaluate if a requested reasonable accommodation may be necessary because of a disability.
  - 3.5.1 Obvious Disability. If a person's disability and the need for the requested accommodation is obvious or otherwise known to the College, then the College may not request any additional information about the requester's disability or the disability-related need for the accommodation.

3.5.2 Not Obvious Disability. If the disability and/or the need for the accommodation is not obvious, the College may request reliable disability-related information that (1) is necessary to verify that the person meets the ADA's definition of disability (*i.e.*, has a physical or mental impairment that substantially limits one or more major life activities), (2) describes the needed accommodation, and (3) shows the relationship between the person's disability and the need for the requested accommodation.

3.5.3 The College may also consider whether the request is "reasonable" in terms of the cost and alteration of the position, policy, rules, regulations, or procedures. Reasonable accommodation may include, but is not limited to:

3.5.3.1 Making existing facilities used by employees readily accessible to and usable by persons with disabilities.

3.5.3.2 Job restructuring, modifying work schedules, reassignment to a vacant position;

3.5.3.3 Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

3.5.4 The College may ask questions to clarify the policy, practice, or procedure that serves as a barrier so that the College may offer an alternative "solution" if the requested accommodation is not deemed "reasonable."

3.6 The employee or applicant shall, as part of the request for an accommodation, fill out the College's Reasonable Accommodation Request Form and submit it to the Human Resources Department.

#### 4. APPLICABILITY

N/A

**ISSUE DATE:** 1/01/2015

**EFFECTIVE DATE:** 02/22/2017

**REVISION DATE(S):** none

**PRIOR POLICY/PROCEDURE NUMBER:** none

**SCHEDULE FOR REVIEW:** 2022

**DIVISIONS/DEPARTMENT RESPONSIBLE FOR REVIEW & UPDATE:** Human Resources

**SPONSORING DIVISION/DEPARTMENT:** Human Resources

**RELATED PROCEDURES/ REFERENCE:** none

**PROCEDURE KEY WORDS:** ADA, accommodations, disability

**REASONABLE ACCOMMODATION  
REQUEST FORM**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Function/Policy/Rule Involved: \_\_\_\_\_

\_\_\_\_\_

Requested Accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disability: \_\_\_\_\_

Reason Accommodation is necessary for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The requested accommodation, if approved, will allow me to (please describe how the specific accommodation will allow you to perform the essential job functions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Printed Name

## MEDICAL CERTIFICATION OF STATUS AS AN INDIVIDUAL WITH A DISABILITY

Name of Employee:

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Name and Title of Person Completing this Form:

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For purposes of granting a reasonable accommodation under federal civil rights laws, the person requesting the accommodation must have a "disability," which means the person has a physical or mental impairment which substantially limits one or more major life activities.

"Physical or mental impairments include: (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular, reproductive, digestive; genitor-urinary; hemic and lymphatic; skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. Physical or mental impairment includes, but is not limited to such diseases and conditions as orthopedic, visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness."

As a medical/social service professional with the knowledge necessary to make such a determination, I certify that (Name of Individual) \_\_\_\_\_ qualifies as an individual with a disability as defined above.

The accommodation requested in the Reasonable Accommodation Form dated \_\_\_\_\_ is consistent with his/her needs associated with his/her disability. The duration of his/her disability is: \_\_\_\_\_.

Date: \_\_\_\_\_

Signed by: \_\_\_\_\_

**RESPONDING TO  
REASONABLE ACCOMMODATION AND/OR MODIFICATION  
  
FOR MANAGERS AND EMPLOYEES**

A reasonable accommodation is a change to the position, College rules, regulations, policies, or procedures which is necessary for a person with a disability to have an equal opportunity to perform the essential job functions of their position. Both applicants and employees are allowed to request a reasonable accommodation.

If a person requests a reasonable accommodation, the College must ensure that the person has a disability and has a need for the requested accommodation because of the disability. If the disability and need for the accommodation is obvious, then you may not ask for a certification. If the disability and/or need is not obvious, you must require him/her to provide reliable documentation that (s)he has a disability and documentation of the need for the particular accommodation.

When requesting reliable documentation, you *cannot* ask the person any questions about the nature or severity of his/her disability, except as specifically related to the requested accommodation. Ask the individual what they need to accommodate their disability. Work with the person to make whatever adjustments are necessary for him/her to have equal access and full enjoyment of the premises. Using sensitivity, and possibly your imagination and creativity, there should ultimately be an answer as to how we can accommodate an employee's individual needs.

The College need not provide the reasonable accommodation or provide or allow the reasonable modification if it will result in an undue financial and administrative burden, or if it will fundamentally alter the essential job functions.

After you have gathered all of the information described above, you must forward the information to the Associate Vice President of Human Resources. Associate Vice President of Human Resources will review the information and make the final determination.

**REASONABLE ACCOMMODATION  
RESPONSE FORM  
[For management only]**

Was certification provided, if necessary: \_\_\_\_\_

Response to Accommodation Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Associate Vice President of Human Resources

Date: \_\_\_\_\_