

## CENTRAL CONNECTICUT STATE UNIVERSITY

### PROCEDURE FOR REQUESTING REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act of 1990 requires employers to provide "reasonable accommodation" to qualified individuals with disabilities who are employees or applicants unless to do so would cause an "undue hardship." The term reasonable accommodation generally is any change in the work environment or in the way things are customarily done that enables a disabled employee to enjoy equal employment opportunities. The University must analyze each request for accommodation on a case-by-case basis and make a good faith effort to reasonably accommodate a qualified employee or applicant with a disability.

As a general rule, the individual with a disability must inform the employer that an accommodation is needed since employers are only obligated to provide reasonable accommodation of known disabilities. Under the ADA, the employer and the employee must engage in an informal interactive process to clarify what the individual needs and identify the effective reasonable accommodation. The employer may ask questions about the nature of the disability and the individual's functional limitations in order to identify an effective accommodation. Further, if the disability and/or need for an accommodation are not obvious, the employer may ask for more information including documentation to establish that the person has a disability and that it necessitates a reasonable accommodation. At its discretion, the University may require that the documentation about the disability and the functional limitations come from an appropriate health care or rehabilitation professional.

The employer is not required to provide the reasonable accommodation that the individual requests. Rather, the employer may choose among reasonable accommodations as long as the chosen accommodation is "effective," i.e., it would remove a workplace barrier, thereby providing the individual with an opportunity to perform the essential functions of the position. The employer may choose a less expensive or burdensome accommodation among available effective reasonable accommodations.

#### **REASONABLE ACCOMMODATION PROCESS**

##### **1. Initiation of the Request for Reasonable Accommodation**

In order for the University to analyze each request for accommodation, the requesting employee or job applicant should complete the attached two forms, the "**Reasonable Accommodation Request Form,**" and the "**Health Care Provider Release Form.**" When deemed necessary by the University, the employee or job applicant must provide current documentation from a health care provider regarding the nature of the disability and need for accommodation.

The employee/job applicant seeking a reasonable accommodation must complete these forms and provide them directly to the University's ADA Coordinator:  
Chief Diversity Officer, 1615 Stanley St., New Britain, CT 06050, (860) 832-1653.

The request for accommodation should include current documentation from a health care provider (if required by the University) that:

- States the nature of the disability in order to establish that the individual has a mental or physical impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.
- Explains the functional limitations the employee has as a result of their disability as it relates to the job duties.
- Suggests accommodations that would remove the barriers to the employee/applicant's ability to perform the essential functions of the job.

## **2. Essential Job Function Analysis Conducted by the University and Determination of the Request For Reasonable Accommodation**

The ADA Coordinator will contact the Department or Unit and conduct an essential job function analysis. The University retains the right to establish the essential job functions of the position for which a request for accommodation has been made.

After the above information has been received, the following steps will be taken:

- A review by a University-designated health professional may be required to substantiate that the employee has a disability and needs a reasonable accommodation.
- If appropriate, a meeting may be held with the employee, ADA Coordinator, and management/supervisory personnel from the department to discuss the employee's limitations as they relate to the essential functions of the job and to discuss various options in regard to accommodating the employee.
- The University Administration retains discretion to select an accommodation which is deemed to be effective in removing the workplace barrier that is impeding the individual with a disability giving due consideration to the preferences of the employee or applicant.

Any questions regarding this process should be directed to the University's ADA Coordinator.

[References: 42 U.S.C. §12101 *et seq*; .29 C.F.R. § 1630.9]

### **Complaint Procedure**

For complaints of alleged violations of the Americans with Disabilities Act, employees should refer to the CCSU internal complaint procedure established through the Office of Diversity and Equity at <http://www.ccsu.edu/AffAction/complaints.html>

**CONFIDENTIAL**

**REASONABLE ACCOMMODATION REQUEST FORM**

To be completed by employee or job applicant requesting an accommodation. Send to:

**Chief Diversity Officer, 1615 Stanley St., New Britain, CT 06050, (860) 832-1653.**

This form must be used by university employees and/or applicants for employment who believe they have a disability and wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA) or other applicable State and Federal civil rights laws. By considering this request, the University does not consider or regard the person making the request as having a disability as defined by the ADA, the Connecticut Fair Employment Practices Act, or any other applicable law.

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for an employee or applicant for employment. This form **must** be maintained separately from the employee's personnel file and is a **confidential** document.

**Fill out all sections that apply to you.**

Name: \_\_\_\_\_ Date of Request \_\_\_\_\_

Job Title/Classification: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

If job applicant, for what position are you applying? \_\_\_\_\_

1. Identify the physical and/or mental impairment(s) for which you are requesting an accommodation and expected prognosis/duration of the impairment(s).
  
2. Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of the job/job applying for.
  
3. List the accommodation(s) you are requesting.

4. Medical verification of impairment from my physician or health care provider (check the appropriate box):

I have enclosed the documentation for this request.

The disability and the need for reasonable accommodation is obvious and no medical documentation is needed. Explain:

I, \_\_\_\_\_, give Central Connecticut State University permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\*\*\*\*\*

**To Be Completed By the ADA Coordinator**

Accommodation Request is: Approved \_\_\_\_ Denied\_\_\_\_ Modified\_\_\_\_(Explain below)

Comments:

Signature of ADA Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH CARE PROVIDER RELEASE FORM**

I, \_\_\_\_\_(employee/applicant), give Central Connecticut State University permission to contact \_\_\_\_\_ (health care provider). I understand the reason for this contact is to advise the University about my functional abilities and limitations in relation to my job functions. I understand that the University will provide \_\_\_\_\_(health care provider) with specific information about the position, including the essential functions and specific requirements. All information obtained from employee medical examinations and inquiries will be job-related and consistent with business necessity. All information obtained will be maintained and used in accordance with the Americans with Disabilities Act of 1990 confidentiality requirements, and all other applicable State and Federal laws.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date