

JEFFERSON COUNTY, ALABAMA

REASONABLE ACCOMODATIONS POLICY

EFFECTIVE FEBRUARY 28, 2017

I. General Statement of Policy

Jefferson County is an Equal Opportunity Employer. The County is committed to assuring equal employment opportunity and equal access to services, programs, and activities for persons with disabilities. It is the policy of the County to provide reasonable accommodation(s) to a qualified person with a disability to enable such person to perform the essential functions of the position for which he/she is employed. Furthermore, it is the policy of the County not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment.

II. Scope

This policy is based upon the federal Americans with Disabilities Act (ADA) of 1990, as amended, which mandates that employers make reasonable accommodations for otherwise qualified employees with disabilities, unless it can be demonstrated that providing such accommodations would result in undue financial or operational hardships, together with the Rehabilitation Act of 1973, Parts 503 and 403, as amended.

III. Key Terms

Below is a summary of certain key terms to assist employees, department heads, and supervisors in understanding this Reasonable Accommodations Policy. However, the ADA sets forth specific statutory definitions of a number of key terms for determining whether an employee has a qualified disability for which a reasonable accommodation must be made under the statutes. The County is bound to abide by all laws and regulations that are applicable at the time of the application of this Reasonable Accommodations Policy to any given employee's circumstances.

A. Disability: Under the ADA, a disability is a physical or mental impairment that substantially limits a major life activity (i.e. hearing, speaking, seeing, walking, etc.), or a record of a substantially limiting impairment, or being regarded as having a substantially limiting impairment.

B. Essential Job Functions: These are the fundamental job duties that an employee must be able to perform with or without a reasonable accommodation. The essential job functions will vary from position to position. Under normal circumstances, for classified positions, the essential duties are provided in the Personnel Board's job description; for unclassified positions, the essential duties are determined by the department head and supervisor in close consultation with the Human Resources Department.

C. Reasonable Accommodation: This is any change or adjustment to a job or work environment that allows a qualified employee with a disability to perform the essential functions of a job. Typical accommodations include job restructuring, modifying job schedules, reassignment to a vacant position, and equipment and furniture modifications.¹

D. Undue Hardship: This is an accommodation that would be unduly costly, extensive, disruptive, or would substantially alter operations. Such accommodations need not be provided. Nevertheless, please note that the County does have the obligation to explore and locate other suitable accommodations that would not constitute undue hardship if possible.

IV. Requesting a Reasonable Accommodation

The County has established procedures for job applicants and employees to request reasonable accommodations when necessary.

A. Job Applicants: The County is committed to providing equal opportunity to individuals with disabilities in the hiring process and has procedures for job applicants to request reasonable accommodations in the job application process. Those procedures are detailed in the job application materials.

B. Employees:

1. Request to Department Head or Supervisor:

The responsibility for requesting or initiating a request for a reasonable accommodation lies with the employee with a disability. Employees are encouraged to utilize the Request for a Reasonable Accommodation form (Attachment 1) to ensure that all necessary information is included and for record-keeping purposes. However, it is not required that requests for accommodation be in writing.

An employee may request an accommodation by completing Section A of the Request for a Reasonable Accommodation form and forwarding the same to his or her department head or supervisor. The department head or supervisor shall complete Section B on the Request for a Reasonable Accommodation and forward one copy to the individual requesting the accommodation and one copy to the Human Resources Department.

If the department head or supervisor states on the Request for a Reasonable Accommodation that the department can provide the requested accommodation directly without additional documentation or assistance, then the request process is complete, and the department proceeds with necessary arrangements. The Request for a Reasonable Accommodation remains on file in the Human Resources Department for record keeping purposes only.

¹ When appropriate, requests for unpaid disability or medical leave may also be evaluated under this policy, and consistent with Administrative Order 07-2.

2. Assistance from the Human Resources Department:

If the department head or supervisor has difficulty determining if a reasonable accommodation should be made and/or what is a reasonable accommodation, or denies the request for a reasonable accommodation, then the Request for a Reasonable Accommodation form and all additional information and supporting documentation should be forwarded to the Human Resources Department for review.

If, based on the review, the Human Resources Department determines that the employee is entitled to the requested accommodation and that the proposed accommodation is reasonable as defined by the ADA and other applicable laws, regulations, rules, and Administrative Orders, then the Human Resources Department will consult with the employee and the employee's department head or supervisor about appropriate methods for implementing the requested accommodation or some variation thereof. The Human Resources Department will conduct a job audit of the duties and responsibilities of the position in instances where the essential duties are an issue.

Based on all documentation, if the Human Resources Department agrees that the requested accommodation is reasonable, the employee and the department head and supervisor will receive written confirmation. If it is determined that the accommodation is not justified, or the accommodation is not reasonable, then the employee will receive notification of the denial of his or her request for accommodation. If the denial is based upon undue hardship, the Human Resources Department will explore an alternative accommodation that will not cause an undue hardship. This process is known as the individualized interactive process.

C. Undue Hardship:

Undue hardships are determined on a case-by-case basis, and may include consideration of the following factors, among others: (1) the nature and net cost of the accommodation requested, taking into consideration the availability of outside funding; (2) the overall financial resources of the department or departments involved in the provision of the reasonable accommodation, the number of persons employed in such department and the effect on expenses and resources; (3) the type of operation or operations of the department, including the composition, structure, and functions of the work force, and the geographic separateness and administrative or fiscal relationship of the facility or facilities in question to the department; (4) legitimate safety concerns; and (5) the impact of the requested accommodation upon the operation of the department, including the impact on the ability of the other employees to perform their duties and the impact on the department's ability to conduct business.

D. Additional Information and Medical Documentation:

If the department head or supervisor states on the Request for a Reasonable Accommodation that the department lacks the information necessary to make a decision about the request, then the request is referred to the Human Resources Department. The Human Resources Department will notify the employee of the need for additional information, which may include medical documentation, by completing the Notification of Need for Additional Information Supporting Request for a Reasonable Accommodation (Attachment 2). Any request for medical information should be made only by the Human Resources Department, and not by the employee's department head or supervisor. The Human Resources Department may also request additional

information from the employee if its review of a request and supporting documentation is inconclusive, or may seek assistance from the employee's medical professional. In this circumstance, the Human Resources Department may require the employee to provide a limited release for the medical information needed.

In the event the employee is requested to provide medical documentation, the documentation should be provided by the employee's health professional, and should include sufficient information to allow the Human Resources Department to make an informed decision, such as: (1) a description of the functional limitation as it relates to the employee's job duties, including the anticipated duration (e.g. temporary or permanent), and if temporary, the date it is anticipated the functional limitation will end; (2) a description of the functional limitations caused by the disability in work related terms (e.g., if "no prolonged walking" is requested, the medical statement should specify how long or how far the employee is able to walk); and (3) the requested accommodation and how it will help the employee perform his or her job duties.

E. The Employee's Responsibility

The interactive process described above is a shared responsibility. The qualified employee desiring an accommodation is obligated to participate in the process in good faith, and that includes providing medical information when necessary. The employee's failure to participate in the process in good faith may result in the delay or denial of his/her request for an accommodation.

F. Confidentiality, Use, and Storage of Documentation:

All documentation will be held in the strictest of confidence and kept separate from personnel records by the Human Resources Department. Documentation and reports from medical exams will be used solely to assist the Human Resources Department in making an informed decision about the employee's request for an accommodation.

V. Notification of Decision

After a decision is made by the Human Resources Department as to what is and is not an appropriate accommodation, then the employee will receive a written notification from the Human Resources Department. The Human Resources Department will make all attempts to notify the employee of the disposition of the request for an accommodation within two (2) weeks of receiving all necessary information, including medical documentation if appropriate.

VI. Retaliation Prohibited

No individual will be retaliated against for requesting an accommodation in good faith. The County expressly prohibits any form of discipline, reprisal, intimidation or retaliation against any individual for requesting an accommodation in good faith. If employees feel that they or someone else may have been subjected to conduct that violates this policy, they should report it immediately to the Human Resources Department. If employees do not report retaliatory conduct, the County may not become aware of a possible violation of this policy and may not be able to take appropriate corrective action.

VII. Appeal Rights:

The employee has the opportunity to appeal a decision regarding a requested accommodation by submitting a written complaint to the Affirmative Action and Employee Relations Office. The Affirmative Action and Employee Relations Office shall first mediate to try to resolve the issues informally between the employee and the County to find an acceptable accommodation. If a mutually acceptable accommodation cannot be determined, then the Affirmative Action and Employee Relations Office shall investigate the complaint and make a recommendation to the Affirmative Action Officer. The Affirmative Action Officer will make the decision on the appeal.

If you have any question about this policy please contact the Department of Human Resources by dialing **205-325-5249** or via email at **hremail@jccal.org**.

**For assistance with this Policy, Requests,
Accommodations, and Appeals, please contact:**

**Human Resources Department
Attn: Lourie Bradley, Affirmative Action Officer
716 Richard Arrington Jr. Blvd. N., Suite A640
Birmingham, AL 35203
Tel: (205) 325-5249 Direct: (205) 583-8380**

Office Hours: Monday – Friday 8:30 a.m. to 4:00 p.m.

ATTACHMENT 1

REQUEST FOR A REASONABLE ACCOMMODATION

Section A: To be completed by the employee and forwarded to his/her supervisor or department head. (Please use and attach additional paper if needed.)

Employee Name	Job Title
Department	Date
I am requesting the following accommodation:	
It is necessary for me to have this accommodation because of the following limitations:	
This accommodation will allow me to perform the essential functions of my job by:	

Employee Signature _____

Section B. To be completed by the Supervisor or Department Head. One copy should be forwarded to the individual requesting the accommodation and one copy to the Human Resources Department.

Supervisor or Department Head Name	Job Title
Department	Date

_____ The department will provide the requested reasonable accommodation without additional documentation or assistance.

_____ The department requests an evaluation of the duties of the position in order to determine the essential duties.

_____ The department supports the above request for reasonable accommodation but is unable to provide such accommodations without financial assistance.

_____ The department lacks the information necessary to make a decision at this time, and therefore, refers this request for a reasonable accommodation to the Human Resources Department.

_____ The department recommends denial of the request based on:

ATTACHMENT 2

**Notification of Need for Additional Information
Supporting Request for a Reasonable Accommodation**

Employee Name _____ Date _____

The Human Resources Department is in receipt of your request for a reasonable accommodation. In order to make an informed decision about your request, the following additional information is needed:

_____ Medical documentation sufficient to make an informed decision, such as, a description of the functional limitation as it relates to your job duties, including the anticipated duration; a description of the functional limitations caused by the disability in work related terms; and the requested accommodation and how it will help you perform your job duties.

_____ Other:

Human Resources Department _____ Date _____

**Medical Release Form and Medical Inquiry Form for Accommodation
Authorization for Limited Release of Medical Information**

I, _____ (Employee) , authorize _____ (Medical Provider) to release any medical information or records to my Employer _____ that are needed to assess my reasonable accommodation request. I understand that the information that my Employer is attempting to obtain will be limited to:

- Nature and/or confirmation of disability as defined under the Americans with Disabilities Act (ADA) or the Americans with Disabilities Amended Act, (ADAA);
- The functional limitation(s) or work related restrictions associated with the stated disability;
- Why the reasonable accommodation is needed;
- Clarification for medical information previously submitted to my employer; or
- Recommendations regarding alternative accommodations.

I understand that the information collected and discussed is to be treated with confidentiality. However, directly relevant information may be shared with supervisors / managers; or others who need to know to address work restrictions and/or accommodations; or in order to make decisions, or provide advice on matters relating to my request for reasonable accommodation.

This release terminates ninety (90) days after the date of signature below:

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Medical Inquiry Form for Accommodation

The following employee has made a request for an accommodation. In order to assist with the interactive process, we are requesting you to provide feedback to the following questions based on your medical expertise.

Employee Name: _____ Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

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

If yes, what is the nature of the impairment?

Answer the following question based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity as compared to most people in the general population? Yes / No

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working |
| | | | <input type="checkbox"/> Other: (describe) |

Major Bodily Functions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic | <input type="checkbox"/> Normal Cell Growth | |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Immune | <input type="checkbox"/> Operation of an Organ | <input type="checkbox"/> Other: (describe) |

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 the requested accommodation is needed because of the disability:

Please review attached job description with the employee. Is the employee able to perform the essential job functions of this position? Yes / No (If yes, please continue to next question.)

If no, what is the estimated duration that the employee will be unable to perform these job duties?

Enter estimated number below:

Week(s): _____ Month(s): _____ Permanently: _____

What limitation(s) is interfering with the employee's ability to perform the job function(s) or access a benefit of employment?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

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:

What adjustments to the work environment or position responsibilities would enable the employee to perform the essential functions of the position?

How long will the employee need the reasonable accommodation? If unable to provide date, when will he or she be medical reevaluated?

Duration: _____ Will be reevaluated
on: _____

Do you have any suggestions regarding possible accommodations to improve job performance?

Physician Signature: _____ Date: _____

Printed Name of Physician: _____ Specialty: _____

Health Care Provider Address: _____ Phone: _____