Los Rios Community College District

**Americans with Disabilities Act (ADA)**

**Fair Employment and Housing Act (FEHA)**

**Accommodation Request**

***Instructions:***

[ ]  Employee provides completed **Section1**of this form, including the Psychological / Psychiatric / Medical Evaluation Report to the appropriate College or District ADA Officer.

[ ]  College / District Office ADA Officer completes **Section 2**.

[ ]  ADA Officer schedules and facilitates continuation of Interactive Process, **Section 3**.

[ ]  ADA Officer documents and implements reasonable accommodation(s), notifies supervisor and manager as appropriate, and ensures any needed follow-up. If selected reasonable accommodations include purchasing of items/equipment, the College ADA Officer forwards this form to the Vice President of Administration for approval. VPA approves and forwards to the District Office ADA Officer for budget process and implementation. Once the budget is approved, the District Office ADA Officer will contact the College ADA Officer to facilitate timely purchase and implementation of selected reasonable accommodation(s).

[ ]  District Office ADA Officer sends a copy of the completed documentation to the College ADA Officer if budget process is involved.

1

Los Rios Community College District **SECTION 1**

**Americans with Disabilities Act (ADA)**

**Fair Employment and Housing Act (FEHA)**

**Accommodation Request**

**This form is for employees requesting accommodation(s) under the California Fair Employment and Housing Act and the Americans with Disabilities Act. Please see reverse side for definitions.**

This form will initiate a permanent, confidential record for each employee requesting accommodation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Empl ID: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

[ ]  ARC [ ]  CRC [ ]  DO [ ]  FLC [ ]  FM [ ]  SCC [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: [ ]  Classified [ ]  Faculty [ ]  Manager [ ]  Supervisor [ ]  Permanent [ ]  Temporary

Disabling Condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Condition: [ ]  Permanent [ ]  Intermittent [ ]  Temporary (estimated time period): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION:** Provide your treating physician with a copy of your current job description and have your physician complete the attached “Psychological / Psychiatric / Medical Evaluation Report” form. Once completed by your physician, give the form to the College or District Office ADA Officer. A copy of your current job description is available on the District’s website or from the Human Resources Office.

What major life activity/activities is/are limited by the disabling condition(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What essential job functions are limited by the disabling condition(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What type of accommodation/accommodations is/are requested or preferred?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the disability currently being accommodated? If so, please list current accommodation(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee completes this page, has treating physician complete the Medical Evaluation Report and submits completed forms to the College/District Office ADA Officer.

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 **SECTION 1**

**General Definitions**

**Who is Affected**

Qualified individuals with disabilities are defined by the ADA / FEHA as anyone with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires. This includes people with current or past physical or mental impairments that limit one or more major life activities, as well as those who have a record of such an impairment or are not disabled but are regarded as such, as well as someone who has a relationship or association with an individual qualified under the ADA/FEHA.

**Employment**

Employment practice includes terms, conditions and privileges of employment such as: application, testing, hiring, assignments, evaluation, disciplinary actions, training, promotion, layoff, termination, compensation, etc.

**Reasonable Accommodation**

Reasonable accommodation is any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability e.g., job processes, acquiring or modifying equipment or devices, etc.

**Essential Functions**

Essential functions are the fundamental duties of the employment position the individual with a disability holds or desires. They could not be performed by another position without seriously disrupting the operations of the unit. Marginal tasks, those that could be reassigned if necessary, are specifically excluded from the definition of essential functions.

**Undue Hardship**

An action that is excessively costly, extensive, substantial or disruptive, or that would fundamentally alter the nature or operation of the business.

**Major Life Activities**

Activities that an average person can perform with little or no difficulty such as walking, speaking, seeing, hearing, working, performing manual tasks, physical, mental and social activities, etc.

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Los Rios Community College District

 **SECTION 1**

**Americans with Disabilities Act (ADA)**

**Fair Employment and Housing Act (FEHA)**

**Accommodation Request**

**Psychological / Psychiatric / Medical Evaluation Report**

**To: Healthcare Provider**

Please complete and return this form to your patient. We would appreciate a response to every question as we need your complete medical opinion. Please feel free to include a detailed narrative response to any and all questions. Thank you for your cooperation.

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

Examination Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position for Which Individual Was Examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I examined the employee identified above for the specified position in light of the essential duties and physical requirement(s) of the position disclosed in the attached job description. The following information is based on the results of that examination:

**RESTRICTIONS**

1. Does the employee have a physical or mental impairment that limits one or more major life activities:

 YES [ ]  NO [ ]

 If **YES**, please state the type of impairment(s) and if impairment(s) is temporary or permanent:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please state the employee’s specific physical and/or mental **restrictions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physician’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name (printed or typed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Los Rios Community College District

**SECTION 2**

**Americans with Disabilities Act (ADA)**

**Fair Employment and Housing Act (FEHA)**

**Accommodation Request**

**Job Analysis**

To be completed by the College ADA Officer or Human Resources Director in consultation with the supervisor/manager. Refer to definitions on the reverse side.

Name of Employee Requesting Accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is person a “qualified individual” under the ADA / FEHA? Condition should be considered permanent and limit a major life activity (walking, speaking, seeing, hearing, working, physical, mental and social activities, etc.)

 [ ]  Yes, continue with the process.

 [ ]  No, consult with Human Resources for more details.

2. Review the employee’s job description. For classified positions, the current job description should contain the essential functions under the “ability to” section. For faculty, consult the Faculty Handbook and job announcement. In addition to the essential job functions listed in the current job description, you may want to consider:

* Discussion with the employee requesting accommodation.
* Discussion with the other employees in the same job classification / discipline.
* Discussion with the appropriate supervisor.
1. Identify the purpose for which the position exists:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List the essential functions of the job: Percentage of time

(Asterisk those duties that may not appear in the job description.) performing function:

[ ]  Job Description Attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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{Attach additional page(s) as needed.}

3. Attach the current job description and other documents used in this analysis.

College ADA Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Definitions**

**Section 2**

**Purpose of Position**

A general statement about why the position exists. For example, a Human Resources Assistant exists to assist applicants and the District in all phases of the recruitment and selection process.

**What are Essential Functions**

A job function may be considered essential for any of the following reasons:

1. Because the reason the position exists is to perform the function.

2. Because of the limited number of employees available among whom the performance of that job function

 can be distributed.

3. Because the function may be highly specialized requiring specific expertise or skill to perform the

 particular function.

Note: Job tasks that disqualify a disabled person must be fundamental and not marginal.

**What is Used to Determine Whether a Function is Essential?**

1. The employer’s judgment.
2. Written job descriptions.
3. The amount of time spent on the job performing the function.
4. The consequences of not requiring the performance of the function.
5. The terms of a collective bargaining agreement or MOU.

**Two Questions to Ask When Considering Essential Functions**

1. Does the employer actually require employees to perform the function?
2. Would removing the function fundamentally alter the position?

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Los Rios Community College District

 **SECTION 3**

**Americans with Disabilities Act (ADA)**

**Fair Employment and Housing Act (FEHA)**

**Accommodation Request**

**Interactive Process**

**Meeting with Employee Requesting Accommodation**

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Specific Medical Restriction(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parties Present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The employee’s description of the specific job-related limitation(s) due to his / her restriction(s):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Accommodation(s) requested by the employee:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Interactive Process**

In consultation with the individual to be accommodated, identify potential accommodations and assess the effectiveness each would have in enabling the individual to perform the essential functions of the position:

Potential Accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Potential Accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Potential Accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Selected Accommodation(s) SECTION 3**

1. Professional resources whose assistance might be helpful and any contacts made:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Recommendations / suggestions from those consulted:

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* 1. Identify the accommodation preferred by the employee (after the interactive accommodation meeting):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Determination after interactive process (check one):

[ ]  Even after reasonable accommodation, the employee cannot perform the essential job functions of the position in question because of a disability.

[ ]  Even after reasonable accommodation, the employee cannot perform the essential functions of the position in question in a manner that would not pose a “direct threat” to the health or safety of either the employee or others in the workplace, e.g., by posing an imminent and substantial degree of risk either to the employee’s own health or safety or to the health or safety of others.

[ ]  After considering the preferences of the individual to be accommodated, the following reasonable accommodations, which are the most appropriate for both the employee and employer, have been selected to offer for implementation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The employee will be sent a letter based on the determination above. If accommodations are offered, they will be noted in this letter. Please attach a copy of that letter to this document.

**Cost of Selected Accommodation**

1. Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Salary (hourly rate X # of hours/week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Total Cost*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved VPA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Implemented HR Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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