Guidelines for Requesting a Reasonable Accommodation in Employment

University of Idaho
Human Resources

A. General. The University of Idaho provides reasonable accommodations for its employees who are qualified individuals with disabilities in order to enable them to perform the essential functions of their positions. The University also provides reasonable accommodations in the employment application process to help ensure equal employment opportunity to qualified individuals with disabilities.

A-1. ADA Definitions. The Americans with Disabilities Act includes specific definitions regarding individuals with disabilities. The following definitions apply to UI procedures:

i) Qualified Individual with a disability means an individual with a disability who can perform the "essential functions" of the position with or without reasonable accommodation.

ii) Essential Functions are the fundamental job duties of the employment position the individual with a disability holds or seeks. "Essential functions" do not include "marginal functions", which are those duties that are incidental to the performance of the fundamental job duties of the position. Criteria used to determine if a particular duty is an "essential function" may include:

a) The function may be essential because the reason the position exists is to perform the function;

b) The function may be essential because of the limited number of employees available among whom the performance of that function can be distributed; and/or

c) The function may be highly specialized so that the incumbent is hired for his or her expertise or ability to perform the particular function.

iii) Covered disability means a physical or mental impairment that substantially limits one or more major life activities; or, a record of such impairment; or, being regarded by the employer as having such an impairment.

iv) Reasonable Accommodation means:

a) Modifications or adjustments to a job application process that enable a qualified applicant with a disability to compete for the desired position; or,

b) Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of the position; or,

c) Modifications or adjustments that enable the employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by other similarly situated employees without disabilities.

v) Undue hardship means that providing the accommodation would result in "significant difficulty or expense" to the employer. The financial impact of an accommodation is a significant factor; however, any accommodation that would be unduly costly, extensive, substantial or disruptive, or that would fundamentally alter the nature or operation of the business or program may be an undue hardship.

A-2. Reasonable Accommodations. If there are several effective and reasonable accommodations that would provide an equal employment opportunity, or if the employee or applicant with a disability prefers to provide his or her own accommodation, the employee's or applicant's preference will be given first consideration. However, the ADA permits the University to choose among effective and reasonable accommodations, and it may choose one that is less expensive or easier to provide, even though it might not be the employee's or applicant's preferred accommodation.

A-3. Institutional Responsibility. The fact that an individual is willing to provide his or her own accommodation does not relieve the University of the duty to provide this or another reasonable accommodation should the individual be unable or unwilling to continue to provide his or her own accommodation.

B. Process. A request for reasonable accommodation to enable an employee to perform the essential elements of his or her position, or to enable an applicant for employment to complete the application process, must be initiated by the individual seeking accommodation. Employees and applicants for employment apply for reasonable accommodation at Human Resources (HR) and provide documentation of disability. The appropriate accommodation is identified through an interactive process involving the employee, the Executive Director for Human Resources or designee, the employee's supervisor, and the department chair or director of the unit. There are procedures for second review and for appealing requests that are denied.

B-1. Requesting reasonable accommodation in employment.

i) Initiate request. The employee or applicant seeking accommodation informs either the supervisor of the position, or HR that he or she has a disability and requests reasonable accommodation to complete the application process or to perform the essential functions of the position. Upon receiving a request, HR will provide the person requesting accommodation an official copy of his or her job description and two forms: the Reasonable Accommodation in Employment Information Form, and the Health Care Professional's Documentation of Disability.

ii) Complete forms. The employee or applicant seeking accommodation:

a) Completes the Reasonable Accommodation in Employment Information Form;

b) Takes the Health Care Professional's Documentation of Disability, together with the official copy of the job description, to his or her physician or health care provider and asks him/her to complete the form with reference to the job description. (The completed form will provide an official, written outline of job-related limitations imposed by the applicant's or employee's disability as diagnosed by the physician or health care provider.)

c) Returns both completed forms to Human Resources.

iii) HR Review. Upon receiving the completed Request for Reasonable Accommodation in Employment and the Health Care Professional's Documentation of Disability, HR will:

a) Review the essential functions of the job;

b) Consult with the applicant or employee to determine his or her view regarding the precise job-related limitations imposed by the disability and how those limitations may be overcome with various reasonable accommodations (the interactive process); and

c) Review the applicant's or employee's suggestions for reasonable accommodation with the department head or responsible unit administrator.

If there are several effective accommodations that would provide an equal employment opportunity, the university will consider the applicant's or employee's preference and select the reasonable accommodation that best serves the needs of both the applicant/employee and the university.

iv) Approval of reasonable accommodation and notice to the applicant or employee. If the unit administrator agrees with the proposed accommodation, HR (or the administrator) will notify the applicant or employee that the accommodation is authorized. The Executive Director for HR or designee will periodically review the status of the accommodation to ensure that it continues to meet the needs of both the employee and the university.

B-2. Procedure for reconsideration of denial of requested accommodation.

i) Failure to agree regarding requested accommodation. If the department head or unit administrator questions or is reluctant to provide the accommodation(s) requested by the applicant or employee, the administrator and the Executive Director for HR or designee will consult in an effort to resolve the administrator's concerns.

ii) Reasonable Accommodations in Employment (RAE) Sub-committee. If the concerns are not resolved by further discussion among the parties, upon request of the Executive Director for HR or designee, the Reasonable Accommodation in Employment (RAE) sub-committee of the Disability Services Advisory Committee will review proposed accommodations and advise on appropriate alternatives. The RAE sub-committee is comprised of individuals with special expertise in identifying accommodations for persons with disabilities. Membership on this sub-committee includes, at a minimum:

a) the Chair of the Counseling, School Psychology, Special Education, and Educational Leadership Department, or designee;

b) the Assistant Vice Provost, Student Affairs, or designee;

c) the Director of the Center on Disabilities and Human Development, or designee;

d) the University of Idaho Safety Officer, or designee.

B-3. Review of Accommodations Requiring Structural Modifications. To ensure highest and best use of resources, all accommodations requiring structural modifications, as well as all accommodations requiring extraordinary expense, as determined by the University, will be reviewed by the RAE sub-committee and the dean, director or other senior administrator of the affected unit.

i) When structural modifications are being considered, the RAE sub-committee will consult with a representative from Facilities Design who is familiar with the ADA Accessibility Guidelines (ADAAG) to ensure that proposed structural modifications are accomplished in the most cost efficient manner and that they effectively provide the necessary accommodation.

ii) The dean, director or other senior administrator of the unit will be expected to provide a statement describing any programmatic (e.g., non-structural) modifications considered and their disposition.

B-4. Appeal of Denial of Requested Accommodation and Sources of Additional Assistance. Requests for reasonable accommodation that are denied, or with which the individual with a disability is dissatisfied, may be appealed through the appropriate grievance procedure:

i) Faculty-Staff Handbook 3840. Procedures for Faculty Appeals.

ii) Faculty-Staff Handbook 3860. Grievance Procedures for University of Idaho Classified Employees.

iii) Faculty-Staff Handbook 3880. Grievance Procedures for Student Employees.

iv) Faculty-Staff Handbook 3890. Grievance Procedures for Exempt Employees.

C. Information and/or Questions Regarding Disability Accommodations. Individuals having questions about qualifying disabilities or reasonable accommodations are encouraged to consult with the Executive Director for Human Resources or designee who serves as the university's reasonable accommodation specialist. Contact HR at 415 West Sixth Street, PO Box 444332, Moscow, ID 83844-4332, or telephone (208) 885-3892. Questions can also be addressed to the Human Rights, Access and Inclusion Office, Administration Building room 104, (208) 885-4212.

C-1 Forms. Forms for requesting reasonable accommodations in employment and for obtaining the necessary medical documentation of disability are available at www.hr.uidaho.edu, or upon request from HR, at 415 West Sixth Street, PO Box 444332, Moscow, ID, 83844-4332, or telephone (208) 885-3892. Idaho Relay 711 or TTY//ASCII 1 (800) 377-3529 or Voice TTY 1 (800) 377-1363. HR also has staff available to help provide assistance in completing required forms.

INFORMATION FORM

Please complete this form to release information regarding your request for an accommodation. Please **print** clearly and return the completed form to Human Resources, 415 W. Sixth, PO Box 444332, Moscow, ID, 83844-4332. If you have any questions, please call HR at (208) 885-3892.

REQUESTING APPLICANT/EMPLOYEE (please print clearly):

Name (First, MI, Last):	Department:	Telephone:
Reason for request (situation, length of disability, etc.):		
Job functions affected (taken from job description):		
Suggested accommodations:		

A "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 the individual holds or is applying for.

I have attached a certificate, signed and dated by my physician or other licensed health care provider, that describes my illness, injury, impairment or physical or mental condition and the approximate duration of the condition if temporary. I consent to allow the Reasonable Accommodations in Employment Committee to contact my health care provider(s) to obtain copies of medical records related to my condition, and to consult with him/her/them regarding my condition, only as it relates to my ability to perform the essential functions of my job or the job for which I am applying.

_____ _____

Signature of applicant/employee or representative — Date

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For Human Resources use only: Eligible to receive "reasonable accommodation" Yes [ ] No [ ]
Date of completed forms: _____ Date of applicant/employee review: _____ Date of supervisor review _____ Date of committee review _____ Date of decision notification _____
Approved to receive "reasonable accommodation" Yes [ ] No [ ]
Reason for not approving request:
Type of "reasonable accommodation" made:

_____ _____
Signature Date
Human Resources

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Human Resources

Dear _____,

The University of Idaho is asking for input by my attending health care provider(s) to determine the accommodations, if any needed for me to perform the essential functions of the attached job description. Please complete the following information and return to Human Resources, 415 West Sixth, PO Box 444332, Moscow, ID, 83844-4332.

I hereby authorize you and any doctor, medical provider, or medical institution having information concerning my ability to perform the essential functions of the attached job description to release this information to the University of Idaho Human Resources, or its designated representative.

_____ _____
Employee/Applicant signature Date

Health Care Professional's Documentation of Disability

As part of the reasonable accommodation process, the University of Idaho requires documentation that an employee or applicant has a qualifying disability. To assist you in providing this documentation, the description of the position held by the employee, or for which the applicant is applying, is attached.

A person has a qualifying disability under the Americans With Disabilities Act if he or she has:

A physical or mental impairment that substantially limits one or more major life activities; or

A record of such an impairment; or if he or she is

Regarded as having such an impairment.

This form is designed to provide the necessary documentation of a qualifying disability, **only as it affects the employee's ability to perform the essential functions of the job he/she holds or is applying for**, and is to be completed by the employee's diagnosing health care professional.

Employee: _____

Health Care Professional (please print or type name):_____

Title and specialty: _____ Board certified ____yes ____no

License # and date of expiration: _____

Using the space below or by attaching a letter, please describe your diagnosis or diagnoses of each **job-related** impairment. For each diagnosed impairment, please identify each major life activity substantially limited by the impairment and the nature of the substantial limitation. (For example, if the individual is limited in her ability to walk, please specify the specific nature of the limitation, such as unable to walk on uneven surfaces, or able to climb maximum of two flights of stairs.)

Please suggest accommodations (if any) relating to each of your diagnoses with reference, if possible, to each affected essential function of the attached job description.

_____
Signature of Health Care Provider Date

_____
Street address City or Town State phone

Return completed forms to Human Resources.