



SACRAMENTO  
STATE

California State University, Sacramento  
Human Resources  
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## MEMORANDUM

September 1, 2009

TO: Campus Community

FROM: Peter Lau, Director  
Equal Opportunity/Affirmative Action

SUBJECT: Assistive Equipment/Auxiliary Assistance for Employees with Disabilities Program, 2009/10

**Department managers: Please distribute this information to your employees who have no e-mail access.**

We are pleased to announce the 2009/10 academic year Assistive Equipment/Auxiliary Assistance for Employees with Disabilities Program. This program is designed to provide limited funding to defray costs for making reasonable accommodations in the form of assistive technology or services for otherwise qualified employees with disabilities or medical conditions. This program may consider such requests as assistive devices, adaptive equipments, or auxiliary aids.

Requests for funding should be submitted to the Equal Opportunity/Affirmative Action Office as need arises.

### I. Requests for Auxiliary Assistance.

Examples of auxiliary assistance include readers, transliterators, or student assistants. Funding for auxiliary assistance will be provided for a maximum of 48 weeks per year for a 12-month employee, and 34 weeks per year for an academic-year employee.

### II. Assistive Equipments.

Examples of the type of equipment that may be purchased include: adaptive computing components or software, portable telecommunication devices for the hearing and communication impaired, and print magnifiers for the visually impaired.

The following are established guidelines:

1. Program funds are intended to supplement campus resources to purchase special assistive devices or adaptive equipment, or providing auxiliary assistance, for Sacramento State employees, to facilitate better or more effective performance of assigned job duties and responsibilities.
2. **Program funds will not be used to fund items considered to be standard office equipment such as personal computers, office furniture, or office machinery. Funds will also not be provided for the purchase of personal items such as walking canes, hearing aids, or eyeglasses.**
3. Equipments purchased with program funds can only be used to support job-related activities.
4. Equipment or service requests should only be for current employees, not for perceived future employee needs.
5. This program does not pay for costs associated with medical or mechanical engineering evaluations that are designed to determine the appropriate equipment needs of employees.
6. On-going equipment supplies, maintenance, or rental will be the responsibility of the department.
7. Verification of disability is required. Verification may be through a statement from a physician, rehabilitation professional, or other health care providers.

Application form is available from this web site:

<http://www.csus.edu/hr/forms.stm#Equal>

Individuals may also call ext 8-6907 or e-mail [peter.lau@csus.edu](mailto:peter.lau@csus.edu) to request an application form. All completed requests must be submitted to the Equal Opportunity/Affirmative Action Office (mail code 6032). All requests should include the original application form and all supporting documentations.

If you have any questions, please do not hesitate to call the Equal Opportunity/Affirmative Action Office at ext. 8-6907.

Cc: D. Wagner

**CALIFORNIA STATE UNIVERSITY  
ASSISTIVE DEVICE/AUXILIARY ASSISTANCE**

**APPLICATION FORM**

1. Personal Information

Name		
Job Classification		
Working Job Title		
Department		
Phone Number		
<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> MPP

2. Functional limitations or Disabilities

- 3. Is the functional limitations or disabilities permanent?
- 4. What are the essential job functions for which assistance is requested?
  
- 5. Please attach medical verification for disability(ies).

Signature	Date

**CALIFORNIA STATE UNIVERSITY  
ASSISTIVE DEVICE/AUXILIARY ASSISTANCE**

**APPLICATION FORM**

**I – REQUEST FOR AUXILIARY ASSISTANCE**

1. Describe the functions for which assistance is being requested, e.g. reading, note taking, grading, interpreting.
  2. What is the cost/hour, hours/week, and the total number of weeks?
  3. Total amount requested: \_\_\_\_\_
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**II – REQUEST FOR EQUIPMENT PURCHASE**

1. Specify equipment, suggested vendor, and cost. Attach support documents.
2. Describe how equipment will be used.
3. Total amount requested: \_\_\_\_\_