Assistive Equipment/Auxiliary Assistance for Employees with Disabilities Program

The Assistive Equipment/Auxiliary Assistance for Employees with Disabilities 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 equipment, or auxiliary aids.

I. Requests for Auxiliary Assistance

Examples of auxiliary assistance include readers, translators, 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 Equipment

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. Verification of disability and the need for a reasonable accommodation is required prior to purchasing auxiliary assistance/assistive equipment. The OEO will establish the need for auxiliary assistance/assistive equipment.

2. Program funds are intended to supplement campus resources to purchase special assistive, devices adaptive equipment, or provide auxiliary assistance for Sacramento State employees, and to facilitate more effective performance of assigned job duties and responsibilities. The Department/College is responsible for the purchase of goods and services using its normal procurement process. The OEO can assist the Department/College in locating the proper equipment. However, the OEO is prohibited from purchasing equipment on behalf of the Department/College. Purchasing equipment is the sole responsibility of the department/college. Once the proper documentation is submitted, OEO will reimburse the Department/College by transferring funds into the proper Department/College account.
3. 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, wheelchairs, hearing aids, or eyeglasses.

4. Equipment purchased with program funds can only be used to support job-related activities.

5. Equipment or services requests should only be for current employees, not for perceived future employees’ needs.

6. 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.

7. On-going equipment supplies, maintenance, or rental will be the responsibility of the department. Employees should follow the same procedure for equipment supplies/maintenance as they did when requesting the original equipment (complete this form, including documentation and appropriate signatures). Malfunctioning equipment shall be immediately reported to the department office as well as the Office for Equal Opportunity.

8. Once equipment is received by the department, the department will forward a copy of the invoice and/or packing slip to the Office for Equal Opportunity for their records.

9. The employee will complete the Equipment Check-out form and sign an agreement stating expected disposition of equipment in the event of their promotion/movement to another location on campus (if they move to a new office and take the equipment with them); or in the event of their separation from the University.

All completed requests must be submitted to the Office for Equal Opportunity, Del Norte Hall 3002B (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 Office for Equal Opportunity at (916) 278-5770.
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: ____________________________
II. REQUEST FOR EQUIPMENT PURCHASE

1. Specify equipment, suggested vendor, and cost. Attach supporting documents.

2. Describe how equipment will be used.

3. Total amount requested: ________________________________

III. FACILITIES MODIFICATION

1. If requesting facilities be modified (e.g. doors widened, ramps installed), please describe.

2. If you are requesting a classroom reassignment, please describe (including current and desired assignment).

IV. JOB DUTIES/WORK SCHEDULE

1. If you are requesting a reduction in work schedule, please describe.

   Duration from ________________ to ________________.
2. If you are requesting a modification of your job duties, please describe.

Duration from ____________________ to ____________________.

V. If this request is due to an on-the-job injury or illness, please give date of the injury or onset of illness: ____________________.

VI. Other Accommodation. Please describe any other accommodation request not addressed previously in this form.

Please describe how the accommodation(s) requested above will allow you to perform the essential functions of your position (attach separate sheet if necessary).

____________________________________  ______________________
Signature of Employee                  Date

____________________________________  ______________________
Signature of Dean, Chair or Manager    Date

____________________________________  ______________________
William Bishop, Director of Equal Opportunity  Date

Revised 3/2015