



California State University, Sacramento  
Office of Human Resources  
6000 J Street • Sacramento, CA 95819-  
6032 www.csus.edu/hr

## **Assistive Equipment/Auxiliary Assistance for Employees with Disabilities Program**

**[Use this form, in addition to the ADA/FEHA Certification Form, only if you are requesting Assistive Equipment (e.g., non-standard office equipment) or Auxiliary Assistance (e.g., American Sign Language Interpreter)]**

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. To make a request, please complete and submit pages 4-6 of this application. You may attach additional information if necessary. Please keep pages 1-3 for your information.

### **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.

### **Assistive Equipment**

Examples of the type of equipment that may be purchased include: sit/stand workstations, 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 Request for Certification form must be completed by the employee's medical provider and returned to the Office for Equal Opportunity (OEO).** The OEO will establish the need for auxiliary assistance/assistive equipment. **If you purchase auxiliary assistance/assistive equipment prior to receiving approval from the OEO, these expenses may not be reimbursed.**

**PLEASE NOTE:** All medical documentation should be submitted directly to the Office for Equal Opportunity. Medical documents should not be given to any department personnel, including a dean, chair or supervisor.

2. Funds from the auxiliary assistance/assistive equipment account may only be used for state supported activities. Activities that are funded by UEI, CCE, or are otherwise self-supported are not eligible for reimbursement from this fund. Please call the OEO if you have questions prior to making these purchases.
3. 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 procedure.** 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. Once the proper documentation is submitted, OEO will reimburse the department/college by transferring funds into the proper department/college account.
4. Program funds will not be used to fund items considered to be standard office equipment such as personal computers, office chairs and other office furniture, or office machinery. Funds will also not be provided for the purchase of personal items such as walking canes, wheelchairs, motorized scooters, hearing aids, eyeglasses, etc. If you have questions about whether an item would be covered, please contact the OEO prior to making the purchase.
5. Equipment purchased with program funds can only be used to support job-related activities.
6. Equipment or services requests should only be for current employees, not for perceived future employees' needs. However, equipment or services can be provided to applicants who need disability related reasonable accommodations as part of the application and/or interviewing process.
7. 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.
8. 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 should be immediately reported to the department office as well as the Office for Equal Opportunity.
9. Equipment purchased with funds from the AUE account are the property of the University. The employee will complete an equipment check-out form and notify the Office for Equal Opportunity of the disposition of the equipment should the employee change departments. In the event the employee leaves the University, the employee or department will notify the Office for Equal Opportunity immediately.

All completed requests must be submitted to the Office for Equal Opportunity (via scan and email, fax to 8-3411, or campus mail to zip 6014). All requests should include this original application form and all supporting documentation. If you have any questions, please contact the OEO at (916) 278- 5770 or [equalopportunity@csus.edu](mailto:equalopportunity@csus.edu).

**CALIFORNIA STATE UNIVERSITY**

**ACCOMMODATION REQUEST FOR DISABILITY OR SERIOUS MEDICAL  
CONDITION APPLICATION FORM**

**A. EMPLOYEE INFORMATION**

Name (Last, First)		
Email		
Phone		
Department		
Job Title		
Work Location/Building		
Immediate Supervisor		
Supervisor's Phone		
___Faculty	___Staff	___MPP

**B. REQUEST FOR AUXILIARY ASSISTANCE (e.g. assistant in classroom, reader, note taker, etc. For equipment requests, please see Section II.)**

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? (**NOTE:** if you use an alternate method to determine this, please describe that method here. The total from your method of calculation and the total amount requested below must match or your request will be returned.)
  
3. Total amount requested: \_\_\_\_\_

### **C. REQUEST FOR EQUIPMENT PURCHASE**

1. List specific equipment, suggested vendor, and cost. Supporting documents must be attached to this form (i.e. quote from vendor, printout from website, etc.)

See Attached Quote

2. Describe how equipment will be used.

3. Total amount requested (**MUST** include price, any tax, shipping & handling, and assembly/delivery fees or your request will be returned): \_\_\_\_\_

### **D. 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).

### **E. GENERAL QUESTIONS**

1. If this request is due to an on-the-job injury or illness, please give date of the injury or onset of illness: \_\_\_\_\_.
2. Please describe how the accommodation(s) requested above will allow you to perform the essential functions of your position.

3. **Other Accommodations.** Please describe any other accommodation request(s) you believe you need and are not addressed previously in this form.

---

**Employee Signature**

---

**Date**

---

**Signature of Supervisor/Manager**

---

**Date**

---

**William Bishop, Director of Equal Opportunity**

---

**Date**