



SACRAMENTO  
STATE

California State University,  
Sacramento Office of Human  
Resources  
6000 J Street • Sacramento, CA  
95819- 6032 [www.csus.edu/hr](http://www.csus.edu/hr)

## SACRAMENTO STATE ADA/FEHA DISABILITY – REASONABLE ACCOMMODATION – INTERACTIVE PROCESS

Sacramento State provides reasonable accommodations for employees with sensory, mental or physical disabilities. A reasonable accommodation is an accommodation that enables the employee to perform the essential functions of their position, is medically necessary, and does not create an undue hardship.

Please contact the Office for Equal Opportunity to obtain a Request for Certification form. It is your responsibility to see that your health care provider returns the certification form to the Office for Equal Opportunity. You are not required to disclose to your immediate supervisor the medical basis for a requested accommodation. If additional information is needed to respond to your request, the University may request that you ask your health care provider to confirm your disability and/or the need for the requested accommodation.

If you are only requesting an ergonomic workstation evaluation, you do not need to complete the certification form. Please contact Adell Seibles in Environmental Health & Safety at **(916) 278-3979** or [adell.seibles@csus.edu](mailto:adell.seibles@csus.edu) to learn more about ergonomic resources.

Medical records are confidential and are maintained in the Office for Equal Opportunity, not in departmental files.

If you have questions regarding accommodation, please contact the Office for Equal Opportunity by phone at **(916) 278-5770**, by email at [equalopportunity@csus.edu](mailto:equalopportunity@csus.edu), or by campus mail to campus zip **6014**.

To request accommodation related materials in an alternative format or to request an interpreter or other accommodation during the disability accommodation process, please contact the Office for Equal Opportunity at **(916) 278-5770** or [william.bishop@csus.edu](mailto:william.bishop@csus.edu).

**Summary: Learn about your role as an employee in requesting and obtaining a reasonable accommodation if you are or become disabled and need some form of assistance to do your job.**

**I. What is a reasonable accommodation?** Under the California Fair Employment and Housing Act (“FEHA”) and the federal Americans with Disabilities Act (“ADA”), “reasonable accommodation” is defined as modifications or adjustments to the work environment, or to the manner or circumstances under which a position is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position.

**II. Who is entitled to a reasonable accommodation?** Under both FEHA and the ADA, Sacramento State must provide a reasonable accommodation to a “qualified individual with a disability” unless to do so would cause an undue hardship. A “qualified individual with a disability” is an employee who has the requisite skill, experience, education, and other job-related requirements of the employment position such individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of the position.

**III. What is the interactive process?** To determine the appropriate reasonable accommodation, it may be necessary for Sacramento State to initiate an informal, interactive process with the employee in need of the accommodation. This process should identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations. In essence it means timely, good faith communication between the employer and employee or, when necessary because of the disability or other circumstances, his or her representative, to explore whether or not the employee needs reasonable accommodation for the employee’s disability to perform the essential functions of the job, and, if so, how the employee can be reasonably accommodated. The interactive process may occur by telephone, email, letter, a meeting, or all such methods, depending on the complexity of the requested accommodation.

**IV. How do I go about asking for a reasonable accommodation and what are my responsibilities in the process?**

- Inform your supervisor or the OEO of the physical or mental difficulties you are experiencing or will experience in performing your job as a result of the restrictions/limitations of a disability.
- Obtain an ADA/FEHA Reasonable Accommodation Request Form from the OEO.
- Request that your health care provider complete an ADA/FEHA Reasonable Accommodation Request Form which outlines your restrictions/limitations associated with your disability. Your health care provider may wish to recommend possible accommodations. This form is necessary to determine: (1) if you are a qualified individual with a disability entitled to a reasonable accommodation and (2) what, if any, accommodation is recommended by your health care provider to enable you to perform your essential job functions.
- Return the completed ADA/FEHA Reasonable Accommodation Request Form to the OEO.
- Participate in good faith the interactive process with the OEO and your supervisor.

## **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. To make a request, please complete and submit pages 5-7 of this application. You may attach additional information if necessary. Please keep pages 1-4 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 480 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 Office for Equal Opportunity (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.**
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 [rkewis@csus.edu](mailto:rkewis@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 Dean/Chair/Manager**

---

**Date**

---

**William Bishop, Director of Equal Opportunity**

---

**Date**