



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

SACRAMENTO STATE

ADA/FEHA DISABILITY – REASONABLE ACCOMMODATION – INTERACTIVE PROCESS

Sacramento State provides reasonable accommodations for employees, including applicants for employment, with sensory, mental or physical disabilities. A reasonable accommodation is an accommodation that enables (1) applicants to apply for vacant positions or employees to perform the essential functions of their position, (2) is medically necessary, (3) and does not create an undue hardship.

It is your responsibility to contact the Office for Equal Opportunity and request an accommodation. 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.

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

To request an accommodation, or if you have questions regarding the accommodation process (including requests for accommodation related materials in an alternative format, interpreters, etc.), please contact the Office for Equal Opportunity by phone at **(916) 278-5770**, by fax at **(916) 278-3411**, by email at equalopportunity@csus.edu, or by campus mail to campus zip **6032**.

For workstation ergonomic evaluations **unrelated to a sensory, mental or physical disability**, please contact Environmental Health & Safety at **(916) 278-6456** or visit their website at <http://www.csus.edu/aba/ehs/ergonomics/index.html> to learn more about ergonomic resources. You do not need to go through the accommodation process for a standard ergonomic evaluation.

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 apply for, or 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 applicant or 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? The Interactive Process is an informal process with the applicant or 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 a timely, good faith communication between the employer and applicant/employee or, when necessary because of the disability or other circumstances, the applicant or employee’s representative, to explore whether or not the applicant/employee needs reasonable accommodation to apply for or perform the essential functions of the job, and, if so, how the applicant/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?

Generally, an applicant or employee must let the Employer know that they need an adjustment or change concerning some aspect of the application process, the job, or a benefit of employment for a reason related to a medical condition. An applicant or employee may contact the Office for Equal Opportunity and request a reasonable accommodation at any time, orally or in writing.

- 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.
- For non-obvious conditions, obtain an ADA/FEHA Reasonable Accommodation Certification Form from the OEO. For applicants, or employees with obvious conditions, please contact the OEO for information on how to proceed.
- Request that your health care provider review complete the ADA/FEHA Reasonable Accommodation Certification Form. The Certification form 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 Certification 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

[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 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 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 rklewis@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

**REQUEST FOR CERTIFICATION UNDER CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT
(FEHA) AND THE AMERICANS WITH DISABILITIES ACT (ADA)**

PHYSICIAN/HEALTH CARE PROVIDER: IN ORDER FOR THE EMPLOYER TO BE ABLE TO PROPERLY EVALUATE THE INFORMATION PROVIDED, PLEASE ANSWER EACH AND EVERY QUESTION IN DETAIL.

NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee Name:

Date of Medical Evaluation:

I. Certification of Qualifying Disability:

A. **PHYSICAL DISABILITY:** Does the employee have a physiological disease, disorder, condition, cosmetic impairment or anatomical loss that:

I. Affects one or more of the body systems: neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin or endocrine?

Yes No

AND

II. Does this condition limit a major life activity¹

Yes No

B. **MENTAL DISABILITY:**

I. Does the employee have any mental or psychological disorder or condition, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disability?

Yes No

AND

II. Does this disorder or condition limit a major life activity¹?

Yes No

¹ Limits means that the condition makes the achievement of the life activity difficult. Such activities include physical, mental and social activities and working. They include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Primary attention is to be given to those life activities that affect employability, or otherwise present a barrier to employment or advancement.

C. What is the duration of this condition, (permanent or temporary)? If temporary, for what period of time will the condition continue?

II. Limitation on Employee's Abilities to Perform Essential Functions: In order to fully evaluate the potential accommodations that may be available for the employee, it is necessary that you complete in detail the following questions:

A. Review the attached job description.

B. After reviewing the description, please indicate whether the employee can perform the essential functions of the position **without** reasonable accommodation.

Yes No

If the answer is "No," describe in detail which of the employee's essential job function(s) is impacted by the condition and the way in which that job function is impacted. Include specific detail regarding the limitations the employee has with regard to the identified function (e.g., if limitations relate to standing, sitting, lifting, etc., please indicate in detail what the limits are).

(If more room is needed to describe the limitation, please feel free to attach additional sheets of paper)

If the answer to Number II.B. above is "No," can the employee perform the essential functions of the job **with** a reasonable accommodation?

Yes No

If the answer is "Yes," please describe any and all accommodations that would enable the employee to perform the essential functions of his or her job. If you would recommend any one of these accommodations over another, please so indicate.

How long do you anticipate the employee needing accommodation to perform the essential functions of his or her job?

C. If you recommend that the employee be granted a leave of absence as a reasonable accommodation, will the granting of said leave enable the employee to return to work and perform the essential functions of the job as set forth in the attached job description?

Yes No

If the answer is "Yes," what is the duration of the recommended leave?

D. Can the employee perform the essential functions of the job **with or without** accommodation without posing a direct threat to his or her safety or the health and safety of others in the work place?

Yes No

III. Reevaluation:

A. When will the employee be reevaluated?

Name (please print)

Signature

Date

Address

Telephone

Medical Specialty

Date of Board Certification