



# Lehigh University

## ADA Manual

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Disability Accommodation Process for Staff

February 2009 Revision

[This manual includes an explanation of the disability accommodation process for Lehigh University staff members and includes samples of the applicable forms.]

***Lehigh University  
Disability Accommodation Process for Staff Members***

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## **Disability Accommodation Policy for Staff Members**

### ***Introduction***

Lehigh University is committed to diversity and nondiscrimination, and supports the full employment of qualified individuals with disabilities in its workforce in accordance with state and federal laws and regulations, including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992 (ADA), as amended by the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).

This policy applies to exempt and nonexempt staff members. Faculty requests for accommodations should be directed to the Administrative Director, Provost's Office. Student requests should be directed to the Assistant Dean of Students, Academic Support and/or to the Associate Dean of Students, Academic Support.

### ***Policy***

To ensure equality of access for individuals with disabilities, the University will provide reasonable accommodations, including auxiliary aids, to enable staff members to perform the essential functions of their jobs and to participate in all University program and activities. Individuals applying for staff positions can request reasonable accommodation in connection with the application process.

**Staff Members** shall initiate requests for any desired disability-related workplace accommodation by contacting Human Resources (HR), either orally or in writing. The University will take such requests seriously. Staff members shall direct their requests for accommodation to the Manager of Employee Relations and Workplace Learning and Performance (primary contact) or Human Resources Associate for Workplace Learning and Performance (secondary contact.)

**Supervisors** shall immediately notify HR for any staff accommodation request brought to their attention. Supervisors shall also implement reasonable accommodations that HR recommends, keep the disability request confidential, and monitor any interactions with the requesting individual to ensure that such interactions are not legitimately construed as retaliatory.

### ***Human Resources***

**Human Resources (HR)** shall:

- Inform applicants and employees of the disability accommodation request process;
- Coordinate requests for disability accommodations;
- Refer employees to appropriate offices for assistance in evaluating their requests;
- Oversee the disability accommodation process for employment-related requests;
- Provide advice, guidance, and assistance in ADA accommodation requests, including determining what type of medical documentation is necessary;
- In consultation with the supervisor, other appropriate offices, and other resources as needed, decide if requested accommodations are appropriate and effective.

HR also provides information relating to the employment provisions of the ADA and employer obligations, including issues of employment discrimination based on disability status.

HR may also be contacted for resources for obtaining technical and assistive equipment for disability reasonable accommodations, as well as information on funding options for disability accommodations.

### ***Employee Assistance Program (EAP)***

The **EAP** is responsible for providing confidential counseling to employees who seek assistance in resolving concerns, including work-related concerns.

Lehigh University provides employee assistance via the confidential services of Integrated Behavioral Health (IBH). IBH will refer employees with disability accommodation requests or concerns to Human Resources. Website:

<http://www.ibhcorp.com> [username: **Lehigh**; password: **univ03**]

### ***Additional Information and Forms***

For additional information about the process, to access the forms, and to obtain links for suggestions and resources for accommodations, refer to the *Manual for Disability Accommodation for Staff*, on the web at:

<http://www.lehigh.edu/~inhro/documents/ADAManual.pdf>.

### ***Procedures:***

1. **Request:** The employee is responsible for requesting an ADA workplace accommodation for his or her disability by completing a *Request for Accommodation of a Disability* and submitting the request to the Office of Human Resources.
2. **Discussion:** Following the receipt from the employee of the *Request for Accommodation of Disability*, an HR staff member will meet with the employee to acknowledge the request and explain the accommodation process. The staff member will provide a *Medical Information Request and Verification Form* as appropriate, to be completed by the employee and his or her licensed medical practitioner.
3. **Documenting the Disability:** It is the responsibility of the employee to provide the requested documentation regarding his or her disability. HR will conduct an analysis of the impairment eligibility to determine what type of documentation is necessary to verify the disability. This may vary depending on the nature and extent of the disability and the accommodation requested. In some cases it may be necessary to discuss the nature of the disability with the employee's physician to address the request. If deemed necessary, HR can request independent medical evaluation of the employee's disability. In the event that the university deems it necessary to obtain a second medical opinion, the department will bear the cost of obtaining the second opinion.

The request will be evaluated after all the documentation has been submitted by the employee to HR.

4. **Analysis of Job/Position or Performance of Job Responsibilities:** The following will be considered by HR in determining a reasonable accommodation:
  - What are the essential functions of the employee's position?

- What are the responsibilities that employees in the same position have performed in the past?
- How does the disability affect the performance of the essential functions?
- What are the problems posed by the workplace barrier?
- Is there a record of any disciplinary actions that may be related to the disability or the request for an accommodation?

5. **Analysis of Accommodation Request:** Appropriate accommodations are determined following an individualized assessment of each request. HR will consult with appropriate offices in considering the needs or requests for reasonable accommodations.

Among factors considered in determining reasonable accommodations for employees are:

- What accommodation has been requested and what is the duration of the requested accommodation?
- How will the accommodation affect the employee's performance of duties?
- How will the accommodation affect the department's effective operation, including the effect on responsibilities of other employees, and university policies and practices?
- What is the cost of the accommodation?
- Are there safety and security issues that need to be considered?
- What are other options for accommodations?

6. **Notification and Implementation of Accommodation under ADA:** HR shall provide the employee with written notification of the determination within 15 days of reviewing the completed request (including the requested medical documentation) absent extenuating circumstances. If the determination includes an accommodation, the notice will also include the expected implementation date. If a situation should arise whereby HR requires additional time to review and assess a request or to provide accommodation, HR shall provide the employee with a written notification of the status of the request and the proposed date of determination. Once the reasonable accommodation is determined, written notification will be sent to the employee and the supervisor indicating the recommended accommodation.

Once the employee and the supervisor have been notified of the determined accommodation, a meeting will be held for the employee, supervisor, and a staff member of HR to discuss the details of the implementation.

***Responsibility for Funding:***

If the decided accommodation is deemed appropriate and reasonable, then the hiring department bears the initial responsibility for funding the accommodation. If the cost is beyond the department's means, the cost should be shared by higher levels in the organization.

***Resolving Disagreements:***

In the event the employee disagrees with the determination and/or proposed accommodation, he/she may contact HR.

***Formal Problem Resolution:***

Employees may use the *Formal Problem Solving Process* if they disagree with the outcome of the request.

***Confidentiality and Record:***

All university offices and supervisors have a responsibility not to share information regarding staff or faculty member's disability related information with others unnecessarily. To that end, materials related to an employee's disability, including the Request for Accommodation, will not be placed in employee personnel files. Neither will information regarding request for accommodation be discussed, except as needed to accommodate the disability.

**LEHIGH UNIVERSITY REQUEST FOR REASONABLE ACCOMMODATION FOR STAFF  
SUBMIT DIRECTLY TO HUMAN RESOURCES**

This request for accommodation of a disability will not be placed in your personnel file. Contents of this request will not be shared with anyone except as needed to consider and to implement, as appropriate, an accommodation for the disability.

**Today's Date:**

**Date of Request:**

**Applicant's or Employee's Name:**

**LIN or Social Security Number:**

**Title of your Position:**

**Department:**

**Daytime Telephone Number:**

**Employee's Campus Address:**

**What are your employment responsibilities? (*Describe briefly.*)**

**What job duties and responsibilities are impacted by your disability?**

**What is the disability for which you are requesting an accommodation?**

**What specific disability accommodation are you requesting? (*Be as specific as possible, e.g. adaptive equipment, reader, interpreter.*)**

**What alternative accommodation(s) would be responsive to your request?**

**Is the accommodation time sensitive? Please explain:**

**Do you have medical documentation to support the need for a disability? Yes No**

*Note: In most cases, we will need to obtain medical documentation regarding your disability. In some cases it will be necessary to discuss the nature of the disability with your physician to address your request for an accommodation. If deemed necessary, HR can request an independent medical evaluation of your disability.*

**Have you previously requested a disability accommodation through HR? If yes, was it for the same disability that you are currently requesting an accommodation?**

**Important Information about Your Accommodation Request**

Documentation regarding your accommodation request and communications related to the accommodation will be shared with individuals who need to be involved to accommodate the disability.

**Important Information About Family Medical Leave**

Lehigh University provides Family Medical Leave (FML) to assist employee with balancing the demands of the workplace, their personal needs, and the needs of their family in a manner that accommodates the legitimate interests of the University. Our policy is intended to complement whatever leave rights employees may have under applicable federal or state law.

FML entitles eligible employees to unpaid time away from work for up to a total of 12-weeks during any 12-month period for the following reasons:

- The birth of the staff member’s child and in order to care for that child within 12 months of birth
- The placement in the staff member’s home of a child for adoption or foster care
- The care of the staff member’s spouse, child, or own parent who has a serious health condition or
- A serious health condition of the staff member that renders him or her unable to perform the functions of his or her position.

For more information on your FML rights, please refer to HR policy No. 314.

**Acknowledgement of Request for Accommodation**

I am requesting an accommodation under the Americans with Disabilities Act. I agree to fully cooperate with HR in responding to my request. I understand that, in most cases, I may need to provide medical documentation regarding my disability to assist in determining a reasonable accommodation. I agree that I will provide the requested medical documentation in a timely manner. I also understand that, in some cases, discussion(s) of my disability with my physician may be necessary to address my request for an accommodation. In addition, if deemed necessary, HR can request an independent medical evaluation of my disability or unit to arrange for a reasonable disability accommodation.

**Signature of Requestor:**

**Date:**

**Return Form to HR**

**For HR Use:**

**Log No:**

**Date received:**

**Date medical documentation received:**

**Summary of accommodation provided:**

**Follow-up:**

**30 days:**

**3 months:**

**6 months:**

**LEHIGH UNIVERSITY MEDICAL INFORMATION REQUEST AND VERIFICATION FORM  
FOR REQUESTS FOR REASONABLE ACCOMMODATIONS  
SUBMIT TO HUMAN RESOURCES**

***Part I:***

**Name:** \_\_\_\_\_ **LIN or Soc. Sec. Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I authorize the release of the information requested on this Medical Information Request Form to Lehigh University, Human Resources Office.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

***Part II:***

***TO BE COMPLETED BY PHYSICIAN OR OTHER APPROPRIATE MEDICAL PROFESSIONAL***

**Diagnosis:** \_\_\_\_\_

**Prognosis:** \_\_\_\_\_

**This disability is (check one):** Permanent  Temporary

**If temporary, disabling condition is expected to last:**

\_\_\_\_\_ Days Weeks Months (Circle one)

**Name of certifying professional:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Certification or License #:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Physician's Statement continued**

**I verify that the information provided is complete and accurate to the best of my knowledge.**

**Signature:**

**Date:**

**Important Information about Your Accommodation Request**

Documentation regarding your accommodation request and communications related to the accommodation will be shared with individuals who need to be involved to accommodate the disability.

Confidential medical information to be kept separate from personnel file.

**LEHIGH UNIVERSITY REASONABLE ACCOMMODATION REPORTING FORM**

**Name of individual requesting reasonable accommodation:**

**Today's Date:**

**1. Reasonable accommodation: (check one)**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied (If denied, attach copy of the written denial letter/memo.)

**2. Date accommodation requested:**

Who received request:

**3. Date referred to decision-maker:**

Name of decision-maker:

**4. Date reasonable accommodation approved/denied:**

**5. Date reasonable accommodation provided (if different from date approved):**

**6. If time frames outlined in procedures were not met, explain why:**

**7. Job held by individual requesting reasonable accommodation:**

**8. Reasonable accommodation needed for:**

\_\_\_\_\_ Application Process

\_\_\_\_\_ Performing job functions or accessing the work environment

\_\_\_\_\_ Accessing a benefit or privilege of employment

**9. Type of reasonable accommodation requested:**

**10. Type of reasonable accommodation provided (if different than was requested):**

**11. Was medical information required to process this request? If yes, why?**

**12. Sources of technical assistance consulted, if any:**

**Comments:**

**Submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LEHIGH UNIVERSITY DENIAL OF REASONABLE ACCOMMODATION REQUEST**

(Must complete numbers 1-4; complete number 5, if applicable)

1. Name of individual requesting reasonable accommodation:
2. Type(s) of reasonable accommodation requested:
3. Request for reasonable accommodation denied because: (may check more than one box)
  - Accommodation ineffective
  - Accommodation would cause undue hardship
  - Medical documentation inadequate
  - Accommodation would require removal of an essential function
  - Accommodation would require lowering of performance or production standard
  - Other (please identify):
4. Detailed reason(s) for the denial of reasonable accommodation (must be specific, e.g., why accommodation is ineffective or causes undue hardship):
5. If the individual proposed one type of reasonable accommodation that is being denied, but rejected an offer of a different reasonable accommodation, explain both the reasons for denial of the requested accommodation and why you believe the chosen accommodation would be effective.
6. If an individual wishes to request reconsideration of this decision, s/he may take the following steps:
  - First, ask the decision-maker to reconsider his/her denial. Additional information may be presented to support this request.
  - If the decision maker does not reverse the denial:
    - and the decision maker was the individual's supervisor, the individual can ask the Director do so.
    - and the decision maker was the Office Director, the individual can ask the HR Office to do so.
    - and the decision maker was the HR Office, the individual can the Vice President of Finance/Administration or the Provost (persons charged with EEO/AA responsibilities for LU) to do so.

Name of Deciding Official:

Signature of Deciding Official:

Date reasonable accommodation denied:

## DEFINITION OF KEY TERMS

**Reasonable Accommodation** - Any change in the work environment or in the way things are customarily done that would enable a qualified individual with a disability to enjoy equal employment opportunities.

**Qualified Individual with a Disability** - An individual with a disability is qualified if (1) s/he satisfies the requisite skill, experience, education, and other job-related requirements of the position; and (2) s/he can perform the essential functions of the position, with or without reasonable accommodation.

**Essential Functions** - Those job duties that are so fundamental to the position that the individual holds or desires that s/he cannot do the job without performing them. A function can be "essential" if, among other things: the position exists specifically to perform that function; there are a limited number of other employees who could perform the function; or the function is specialized and the individual is hired based on his/her ability to perform it. Determination of the essential functions of a position must be done on a case-by-case basis so that it reflects the job as actually performed, and not simply the components of a generic position description.

**Undue Hardship** - If a specific type of reasonable accommodation *causes significant difficulty or expense*, then EEOC does not have to provide that particular accommodation. Determination of undue hardship is always made on a case-by-case basis, considering factors that include the nature and cost of the reasonable accommodation needed and the impact of the reasonable accommodation on the operations of the agency.

## SELECTED REASONABLE ACCOMMODATION RESOURCES

### **U.S. Equal Employment Opportunity Commission**

1-800-669-3362 (Voice) 1-800-800-3302 (TT)

The EEOC's Publication Center has many free documents on the Title I employment provisions of the ADA, including both the statute, 42 U.S.C. 12101 et seq. (1994), and the regulations, 29 C.F.R. 1630 (1997). In addition, the EEOC has published a great deal of basic information about reasonable accommodation and undue hardship. The two main sources of interpretive information are: (1) the Interpretive Guidance accompanying the Title I regulations (also known as the "Appendix" to the regulations), 29 C.F.R. pt. 1630 app. 1630.2(o), (p), 1630.9 (1997), and (2) A Technical Assistance Manual on the Employment Provisions (Title I) of the Americans with Disabilities Act III, 8 FEP Manual (BNA) 405:6981, 6998-7018 (1992). The Manual includes a 200-page Resource Directory, including federal and state agencies, and disability organizations that can provide assistance in identifying and locating reasonable accommodations.

The EEOC also has discussed issues involving reasonable accommodation in the following guidance and documents: (1) Enforcement Guidance: Preemployment Disability-Related Questions and Medical Examinations at 5, 6-8, 20, 21-22, 8 FEP Manual (BNA) 405:7191, 7192-94, 7201 (1995); (2) Enforcement Guidance: Workers' Compensation and the ADA at 15-20, 8 FEP Manual (BNA) 405:7391, 7398-7401 (1996); (3) Enforcement Guidance: The Americans with Disabilities Act and Psychiatric Disabilities at 19-28, 8 FEP Manual (BNA) 405:7461, 7470-76 (1997); (4) Fact Sheet on the Family and Medical Leave Act, the Americans with Disabilities Act, and Title VII of the Civil Rights Act of 1964 at 6-9, 8 FEP Manual (BNA) 405:7371, 7374-76 (1996); and (5) Enforcement Guidance: Disability-Related Inquiries and Medical Examinations of Employees Under the Americans with Disabilities Act at 20, 22, 23, 24-25, 8 FEP Manual (BNA) 405:7701, 7711, 7712-14, 7715-16 (2000).

Finally, the EEOC has a poster that employers and labor unions may use to fulfill the ADA's posting requirement.

All of the above listed documents, with the exception of the ADA Technical Assistance Manual and Resource Directory and the poster, are also available through the Internet at <http://www.eeoc.gov>.

### **Job Accommodation Network (JAN)**

1-800-232-9675 (Voice/TT)

<http://janweb.icdi.wvu.edu/>

A service of the President's Committee on Employment of People with Disabilities. JAN can provide information, free-of-charge, about many types of reasonable accommodations.

### **ADA Disability and Business Technical Assistance Centers (DBTACs)**

1-800-949-4232 (Voice/TT)

The DBTACs consist of 10 federally funded regional centers that provide information, training, and technical assistance on the ADA. Each center works with local business, disability, governmental, rehabilitation, and other professional networks to provide current ADA information and assistance, and places special emphasis on meeting the needs of small businesses. The DBTACs can make referrals to local sources of expertise in reasonable accommodations.

**Registry of Interpreters for the Deaf**  
**(301) 608-0050 (Voice/TT)**

The Registry offers information on locating and using interpreters and transliteration services.

**RESNA Technical Assistance Project**  
(703) 524-6686 (Voice) (703) 524-6639 (TT)  
<http://www.resna.org/>

RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America, can refer individuals to projects in all 50 states and the six territories offering technical assistance on technology-related services for individuals with disabilities. Services may include:

- information and referral centers to help determine what devices may assist a person with a disability (including access to large databases containing information on thousands of commercially available assistive technology products),
- centers where individuals try out devices and equipment,
- assistance in obtaining funding for and repairing devices, and
- equipment exchange and recycling programs