



Approved By: Garrett Evans, City Manager

Subject: ADA/Reasonable Accommodations/Interactive Process Policy

Purpose/Objective:

The City of Pittsburg is committed to complying with the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA) which prohibits employment discrimination against qualified applicants and employees on the basis of disability. In accordance with the law, it is the policy of the City to provide equal employment opportunities to qualified individuals with disabilities. It is also the policy of the City that departments will make reasonable accommodations for the known physical and mental limitations of an otherwise qualified employee unless it can demonstrate that making the accommodation would create an undue hardship.

It is unlawful for an employer to fail to accommodate in accordance with the policy, or to fail to engage the applicant or employee in a timely, good faith, interactive process to determine effective reasonable accommodations in response to a reasonable accommodation for a known physical or mental disability or medical condition.

Eligibility:

This policy applies to all applicants and employees and extends to all aspects of the City's employment practices and other terms and conditions of employment.

Definition of reasonable accommodation:

Reasonable accommodation (RA) may be any modification or adjustment to a job or the work environment or in the way things are customarily done, that enables an individual with a disability to enjoy equal employment opportunity while also performing the essential functions of the job. Providing a RA in the job application/examination/hiring processes may enable an individual with a disability to have equal opportunity in the hiring process.

Examples of reasonable accommodation include, but are not limited to:

- Making existing facilities used by employees readily accessible to and usable by individuals with disabilities;
- Restructuring a job or reassigning an employee to a vacant position with different duties;
- Modifying work schedules;
- Acquiring, modifying or adjusting tools, equipment, devices, furnishings, etc.;
- Adjusting or modifying the conditions of examinations or training materials;
- Adjusting or modifying workplace policies;
- Providing a qualified reader and/or a qualified interpreter;

Procedures:

In general, it is the responsibility of the individual with a disability to inform the employer if an accommodation is needed. Requests can be made by an applicant, an employee, a family member, health professional, manager/supervisor or other representative authorized to act on the individual's behalf. Requests may be either oral or in writing. An employee may request to be represented in the process by the employee's union, attorney, or any other individual designated by the employee.

Applicants:

To request a RA in the application and selection process, contact the Human Resources Department, at the number or address on the job announcement or invitation letter to participate in an exam or interview, as soon as you are aware that an accommodation will be needed.

Employees:

An employee may request a RA by notifying his/her supervisor, Human Resources or department head. Such request may be made verbally or in writing by the employee or his/her representative. The employee will be provided with information on the RA process and the necessary forms to be completed by the employee and the employee's doctor or health care provider.

Responding to Requests:

- When the completed forms are returned, Human Resources staff will review the information to determine if the employee is a qualified individual with a disability, and if so, whether an accommodation is appropriate. Human Resources staff may confer with the employee's supervisor, the employee's health care provider to review the requested accommodation and/or other alternatives. Human Resources staff will also contact the employee to discuss the requested accommodation and/or alternatives.
- This process will be completed as quickly as possible. However, if the information on the forms is incomplete or unclear, the process may be delayed. The employee who is requesting RA should make sure that forms are completed accurately and returned as soon as possible. Human Resources will provide the employee with a written update on the status of the request within fifteen days from the day that the request is acknowledged.
- The City and employee with a disability should engage in an informal process known as the "interactive process" to clarify what the employee is requesting and needs and identify the appropriate RA. The City may ask the individual relevant questions that will enable it to make an informed decision about the request. This includes asking what type of reasonable accommodation is needed.
- Human Resources will review the recommended action with the department head or designee and will notify the employee of the department's decision on the request. If the request is not approved, the employee will be informed of other options that could be utilized or explored.

Medical Information:

- Unless the need is obvious or otherwise known, the City may require the employee's consent to verify there is a medical need for reasonable accommodation from the employee's health care practitioner (limitations/restrictions, not diagnoses, and any suggested accommodations);
- If the employee does not agree to provide consent, the City may request that he/she obtain this specific information (i.e. doctor's note) and provide it to Human Resources or his/her supervisor for review;
- If needed, the City may request that the medical practitioner reviews the list of essential functions and comments on and/or provide suggested accommodations;
- All medical information will be kept confidential and maintained in files separate from the employee's personnel file and other non-medical employment related files;

- Medical information and the need for reasonable accommodation will only be disclosed to personnel who have a "need to know" in making a determination, accommodating the employee to perform the essential functions of the job.

Employee & Supervisor Responsibility:

If reasonable accommodation is implemented, the employee and supervisor will share responsibility to monitor the accommodation and to ensure the accommodation plan is fully implemented and followed. If there are any changes in workplace factors or the employee's disability, both will come back together and reevaluate the accommodation plan to see if the RA continues to be reasonable and/or sufficient. The interactive process is an ongoing obligation that continues to ensure the accommodation plan is sufficient to support the employee to fully perform the essential functions of their position safely. The supervisor is responsible for documenting RA requests and interactive process meetings if held without Human Resources. The supervisor should also document when RA policy is provided to an employee or applicant.

Department Responsibility:

Each department is responsible for obtaining, procuring, and/or providing the approved RA goods or services for employees.

Reasonable Accommodation Placements:

If a qualified disabled employee cannot be accommodated in the employee's current class in the current department or to another class in any department, the department will refer the employee to Human Resources for consideration of a RA placement.

Denying Reasonable Accommodation Requests:

Denials or modifications of RA requests proposed by the City will be in writing and specifically explain the reasons that a RA was denied or modified such as, but not limited to the following scenarios:

- Medical documentation is inadequate to establish the employee has a disability or needs RA;
- RA would not enable the employee to perform the essential functions of the job;
- RA would pose an undue hardship to the department; and/or
- RA would pose a direct threat to employee or others
- RA would lower performance or production standards

Appeal and Complaint Procedure:

An employee may appeal a department's interpretation and/or implementation of the procedures for RA to the Director of Human Resources. An employee or applicant who believes that he or she has been discriminated against in an employment action or RA request may make a complaint through the grievance procedure of the appropriate employee bargaining unit. An employee or applicant may also file a complaint with the California Department of Fair Employment and Housing or the Federal Equal Employment Opportunity Commission.

Attachments:

- Employee Request for Reasonable Accommodation
- Applicant Request for Reasonable Accommodation



**CITY OF PITTSBURG
EMPLOYEE REQUEST FOR REASONABLE ACCOMODATION
CONFIDENTIAL**

The California Fair Employment and Housing Act requires employers of five or more employees to provide reasonable accommodation for individuals with a physical or mental disability to perform the essential functions of their job unless it would cause an undue hardship. The law does not require the use of this or any other form to make a request for a reasonable accommodation. This form and any supporting materials or information is confidential and should be kept separate from an employee's personnel file.

SECTION A. TO BE COMPLETED BY EMPLOYEE

Name of Employee:

Classification/Job Title

Work Location:

Work/cell number:

Supervisor:

Accommodation(s) Requested: (Be specific as possible, for example adaptive equipment, etc.):

Reason for Request (Explain your disability-related limitation and how this accommodation will help you do your job. The City is not entitled to your diagnosis.):

Your Limitation is: PERMANENT TEMPORARY UNKNOWN

Anticipated Recovery Date (if any) :

Is the above described disability the subject of a worker's compensation claim? (employees with work related injuries may also be eligible for a reasonable accommodation dependent of the worker's compensation process.) YES NO

Have you requested FMLA, CFRA, PDL or other leave in connection with the above described disability? YES NO if yes, please specify what you requested and when:

I certify that I have a disability that requires reasonable accommodation, which will be met by the accommodation(s) listed above.

Signature of Employee:

Date:

SECTION B. CERTIFICATION FROM PHYSICIAN/HEALTH CARE PROVIDER:

When an employee's disability or need for accommodation is not apparent or known to the employer, the employer may request a certification from a health care provider verifying that an accommodation is necessary. The employer should provide the employee with a copy of a job description to share with the health care provider.

For completion by the health care provider: please provide a letter or verification addressing the following:

1. Verification that the employee has a disability (but not the diagnosis).
2. Description of how the employee's limitations impair the ability to perform the duties of the job and indication of whether these limitations are temporary or permanent.
3. If temporary, state when they are expected to end.
4. Recommendation of specific reasonable accommodation(s).

(Note: Use the space below or attach a letter or verification, which will be kept confidential. Employers must generally retain medical certifications and related documents separately from usual personnel files.)

Date accommodation to begin:

Date accommodation to end or continuous:

Name of Health Care Provider

Signature of Health Care Provider:

SECTION C. INTERACTIVE PROCESS DISCUSSION TO BE COMPLETED BY EMPLOYER

1. Document all interactive discussions with employee, including dates of the discussions, employee's specific request(s), names of all persons present, and what was discussed. Use additional pages if required.

DATE(S):

DISCUSSION NOTES:

2. List all potential reasonable accommodations identified in the interactive discussions and the strengths and weaknesses for each as a potential reasonable accommodation.

3. State your recommended reasonable accommodation and the rationale for your recommendation.

SECTION D: TO BE COMPLETED BY EMPLOYER
LIST SPECIFIC ACCOMODATION(S) TO BE PROVIDED:

For each accommodation requested by the employee that you deny, explain the reason for the denial: (may check more than one box, use additional pages if needed)

Accommodation ineffective

Accommodation would cause undue hardship
Identify Hardship:

Medical documentation inadequate

Accommodation would require removal of an Essential Job Function
Identify Function:

Accommodation would require lowering of performance or production standard
Identify Standard:

No alternative vacant position available
Positions Considered:

Employee Rejected Alternative Accommodation
Identify Accommodation Offered and Reason for Employee's Rejection:

Other (Please identify)
Further Explanation/Comments:

Signature:

Date

Acknowledgement of receipt of reasonable accommodation request:

Date accommodation to begin:

Date equipment ordered (if needed) and by whom:

Date equipment received by employee:

SECTION E. TO BE COMPLETED BY EMPLOYER FOLLOWING IMPLEMENTATION OF ACCOMODATION(S)

The employer should check in periodically with the employee to ensure that the accommodation is effective. If the accommodation is not effective, there is a duty to reengage in the interactive process.

Document all interactive discussions with employee, including the dates of discussions, names of all persons present, what was discussed, and next steps if needed. Use additional pages if needed.

DATE(S):

DISCUSSION NOTES:



**CITY OF PITTSBURG
APPLICANT REQUEST FOR REASONABLE ACCOMODATION
CONFIDENTIAL**

In accordance with relevant federal, state, and local laws, the City of Pittsburg provides equal employment opportunities to qualified individuals with disabilities to participate in the examinations and/or in the employment selection process. If you require an accommodation in order to compete in the City of Pittsburg's examination process or participate in the departmental interview/hiring process, please complete this form and return it to the appropriate Human Resources representative, along with supporting documentation from an appropriate health care or rehabilitation professional (e.g., psychiatrist, psychologist, physical/occupational therapist, vocational rehabilitation specialist, or licensed mental health professional).

Notice to Applicants:

This form and the information contained within are strictly confidential and will be maintained in a separate confidential file. The information provided will only be used to determine a potential and appropriate accommodation necessary for you to participate in the examination and/or interview process. Access will be limited only to those with a need-to-know basis.

Please note that any accommodation necessary to participate in the departmental selection interview/hiring process must be separately requested from the employing City department. Please contact the City's Human Resources Department for more information at 925-252-4878.

Please complete the information below, sign and return to Human Resources.

Applicant Name:	
Home/Cell Phone:	
Mailing Address:	
City, State Zip	
Examination Title:	

I am requesting a reasonable accommodation in order to participate in the examination/selection component due to my disability.

Please check any of the following accommodation that you may require:

- Wheelchair access
- A reader (due to visual impairment or a reading disability)
- Deaf/hard of hearing interpreter

Extended time Additional time requested (regular test time is 3.5 hours):

Other Please Specify:

Applicant Certification

I hereby certify that I am disabled as defined by the Federal Americans with Disabilities Act (ADA), California Fair Employment and Housing Act (FEHA) and other applicable statutes and require reasonable accommodation. I understand that I am required to provide documentation of my disability/medical condition and agree to cooperate fully with the reasonable accommodation process. I certify and agree that if at any point it is determined or revealed that at the time I participated in this examination/selection process I did not have a disability/medical condition; it may result in my disqualification or dismissal from employment with City of Pittsburg.

Supporting documentation for my reasonable accommodation request is attached.

Signature: _____

Date: _____

Please return to:

City of Pittsburg
Human Resources Department
65 Civic Avenue, 2nd Floor
Pittsburg, CA 94565
(925) 252-4138 (Fax)