

# **New Paltz CSD**

## **Procedures for Implementing 504 Accommodations for Employees**

## **A. Uniform Procedures for Processing Reasonable Accommodation Requests**

This section describes the procedures for handling reasonable accommodation requests from employees. It also articulates the role of the agency's Designee for Reasonable Accommodations(DRA) to coordinate agency compliance obligations arising from the New York State Human Rights Law, Sections 503/504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act.

Requests for reasonable accommodations are made in writing using the "Application to Request for Reasonable Accommodation for Employees" form. This form is available from the DRA, as well as available on our website. Employees are encouraged to make copies of the completed form for their records. At the end of the process, the original form is filed by the agency's DRA.

### **1. Processing a Request for Reasonable Accommodation**

Current employees may request an accommodation by sending the the "Application to Request for Reasonable Accommodation for Employees" form to the agency's DRA. Many requests for accommodation can be approved at the initial stages of the process, particularly those of a minor or routine nature. Others may require a more extensive review and/or submission of supporting medical documentation. The various steps to be followed in handling a Request for Reasonable Accommodation are set forth in detail, below.

#### ***a Request for Reasonable Accommodation***

This section serves as an initial application form, and asks for basic information needed to consider and act upon the request, such as the name of the employee; title information; office or unit; work location; and contact information, along with a description of the reasonable accommodation being requested and the reason for the accommodation.

If the employee is unable to complete, sign and date the application, the DRA, an employee's supervisor, or whoever is assisting the employee to complete the form can provide assistance.

#### ***b Acknowledgement of Request for Reasonable Accommodation***

This section, once completed, either provides confirmation to the employee that the requested accommodation has been approved or advises the employee that the request is undergoing further review. It must be signed and dated by the agency's DRA within two (2) weeks of receiving the application and a copy provided to the employee, with the original retained for record keeping purposes.

The following steps should be followed:

- The agency's DRA, they must consult with the employee's supervisor before granting an accommodation, to ensure that it is operationally feasible.
- If the reasonable accommodation proposed to be provided may have a direct impact on the terms of a collective bargaining agreement, prior to granting the

accommodation, the agency's DRA must confer with the agency's labor relations representative to resolve any conflict with collectively bargained rights of other employees.

- If the reasonable accommodation proposed to be provided may require more than a *de minimis* expenditure, the DRA must confer with the agency's administration and/or fiscal office(s).

***c Status Update/Notification of Need for Additional Information***

This section is used to provide an update to the employee or to request additional information/supporting documentation, which is necessary before a decision regarding a reasonable accommodation can be made. No later than two weeks after providing the employee the completed Initial Response to Request for an Accommodation form, the DRA must provide a Notification of Need for Additional Information form to the employee who has requested the reasonable accommodation, specifying the additional information or documentation that is required to continue with the review and assessment process. Such additional information must truly be necessary to complete the process, and includes, but is not limited to information regarding the specific functional limitations of the employee, medical documentation, and/or information regarding specific type or types of accommodations that might be effective.

**1. Considerations Before Requesting Additional Information or Documentation Which is Medical in Nature**

The DRA must consider whether or not it is appropriate to request medical information. The following provides some guidance in this regard:

- If an employee requests an accommodation and the need for an accommodation is not obvious, or if an agency does not believe that an accommodation is needed, the agency may request documentation or require a medical examination to identify the employee's functional limitations to support the request.
- Since a reasonable accommodation must take into consideration the specific abilities and functional limitations of a particular employee with a disability, and the specific functional requirements of a particular job, the focus should be on identifying the abilities and limitations of an employee, not on the diagnosis and prognosis of a physical or mental condition.
- If the DRA is unsure as to whether or not it is appropriate to request such medical documentation, they should confer with agency counsel for guidance.

**2. Requesting Medical Information / Documentation**

Once the DRA has determined that it is appropriate to request medical information to verify an employee's need for a requested accommodation:

- An agency may require that the employee with the disability provide reasonable documentation substantiating the need for an accommodation. The agency may require only that documentation necessary to establish that the employee has a

qualified disability, and that the disability or pregnancy-related condition, and that the disability or pregnancy-related condition necessitates a reasonable accommodation. Accordingly, the documentation should identify the specific functional limitations imposed by the physical or mental disability, and the precise job limitations imposed by the disability or pregnancy-related condition.

- An employer has the right to require – and employees have the right to supply – the documentation about the disability and functional limitations from a physician or other medical professional, psychologist, social worker, rehabilitation counselor, occupational or physical therapist, independent living specialist or other professional with knowledge of the employee's disability or pregnancy-related condition.
- If the agency determines that the medical documentation provided is inadequate to support the request or has reason to doubt its veracity, the agency should explain to the employee why the documentation is inadequate and provide the employee with an opportunity to submit additional documentation supporting the request.
- However, in a situation where the disability and/or the need for accommodation is not obvious, and an agency finds that, based on its criteria, the need for an accommodation or the exact functional limitations are still not clearly established, the agency may require the employee to submit to a medical examination by the Employee Health Service of the Department of Civil Service or an appropriate medical professional designated by the agency. The agency, as employer, must pay any costs associated with the visit.
- If the employee's disability or need for reasonable accommodation is not obvious, and fails to submit documentation meeting agency criteria or refuses to submit to a medical examination required by the agency, and such information or documentation is necessary to complete the reasonable accommodation process, then the agency may deny the requested accommodation.
- Any medical documentation submitted may be used only to evaluate the employee's request for accommodation. An agency may not use documentation obtained during this process or the refusal to submit to the medical examination as a basis for taking any adverse personnel action.
- While an agency may seek technical assistance from a medical professional, state or local rehabilitation agencies or disability constituent organizations in determining how to accommodate a particular employee in a specific situation, decisions defining what is and what is not a reasonable accommodation are to be made by the agency.

If additional medical documentation is being requested, the employee is asked to inform their doctor of the pending application for an accommodation, and have the doctor send medical documentation, indicating the limitations that the employee's disability would place on job performance, to the agency's designated responsible office for reasonable

accommodation. A copy of the “duties description” or other document describing the duties associated with the relevant title is often helpful and should be attached to the Notification of Need for Additional Information form for consideration by the medical professional. A date by which the information should be sent is to be noted on the form. The agency's DRA shall also indicate a date by which the decision will be made, where no further information is being requested. The Notification of Need for Additional Information form may be used whenever necessary during the interactive process, as needed, in order to obtain all necessary information and to inform the employee of progress in the review process.

The agency's DRA signs and dates the form, and the employee is provided with a copy of the Notification of Need for Additional Information form, with the original filed for recordkeeping purposes.

*d*    ***Notification of Agency Determination***

**1. Overview of Process**

This section advises the employee of the agency's determination and provides information regarding potential remedies should the employee be dissatisfied with the agency's determination. The Notification of Agency Determination form will be completed once the DRA completes the review process, as described below, but must be provided to the employee within three weeks of either receipt of the Application to Request for Reasonable Accommodation for Employees form, or the receipt of final additional information required to properly review and assess the request. Once the form is provided to the employee who has requested the accommodation, s/he signs the form, indicating whether s/he is accepting or rejecting the reasonable accommodation, retains a copy, and returns the original to the agency's DRA for filing. If the employee accepts the accommodation, a letter from the DRA confirming this decision is sent to the employee within the next week. If the employee does not accept the offered accommodation (which may differ from the accommodation requested) the form shall be returned to the agency's DRA and filed. The employee is then free to pursue the various options outlined in the notification of rights provided as part of Section E.

**2. Final Review**

The final review process takes place once adequate information/documentation has been provided. During the final review, the agency's DRA must determine whether or not there is an accommodation that would enable the employee to perform the essential functions of his/her job in a reasonable manner, or to enjoy equal benefits and privileges of employment. This requires the DRA's assessment of all relevant documentation, and consultation with the employee. It may also include meeting with the employee and/or supervisor, arranging for a job analysis, and consulting with relevant State agencies or community-based organizations providing services to persons with disabilities. Sometimes it may even be necessary to discuss with the treating professional the limitations imposed on the employee by virtue of his or her impairment, but *only* when necessary and appropriate. As always, written authorization must be obtained from the employee prior to any discussions with third parties.

The DRA should consult with the agency's fiscal officer to determine whether a reasonable accommodation will have a fiscal impact on the agency. In addition, when appropriate to the

review, the DRA should also consult with the agency's human resource manager, labor relations officer and/or counsel. The agency's DRA may find it useful to establish a standing committee comprised of these employees to facilitate obtaining their input whenever necessary. All available resources should be used to resolve the issue, including consultation with the Department of Civil Service Office of Diversity and Inclusion Management.

Following review of the documentation, the DRA must determine whether or not granting the accommodation(s) requested – or an alternate reasonable accommodation - would cause undue hardship. The DRA should also confer with the relevant supervisor prior to granting any accommodation. In making the undue hardship determination, some factors to be considered include:

- the nature and cost of the accommodation;
- the size of the agency and number of employees;
- the type and location of facilities of the covered entity;
- the effect of the accommodation on other employees;
- operational impact on the facility or agency that is making the accommodation;
- and
- the terms of any relevant collective bargaining agreement(s).

Remember that reasonable accommodation seeks to facilitate the employee's reasonable performance of essential job functions, but does not require the permanent reassignment of essential job functions.

### **3. Alternative Accommodation**

If more than one alternative is identified as an effective accommodation, the agency may choose the accommodation that best meets its needs. However, whenever possible, the agency should certainly take into consideration the employee's preferences.

*Example:* If an employee with a disability requests that the thermostat in the workplace be raised to a certain level to accommodate his/her disability, and this level would make it uncomfortably hot for other employees or customers, the employer would not have to provide this accommodation. However, if there were an alternative accommodation that would not be an undue hardship, such as placing the employee in a room with a separate thermostat, the employer may have to provide that accommodation.

### **4. Consultation with Employee**

An employee consultation *may* be conducted before approval of a reasonable accommodation, but *must always* be conducted before there is a denial of a request for reasonable accommodation or an offer of an alternative accommodation.

The consultation is an opportunity to discuss:

- How job-related limitations could be overcome;
- Possible reasonable accommodations; and
- The expected efficacy of each possible accommodation.
- The consultation should include discussion of the employee's preferences.

Where more than one possible reasonable accommodation exists, the agency should consider the employee's preference. However, the agency has the discretion to choose among various effective reasonable accommodations.

#### **5. Agency Will Provide the Reasonable Accommodation as Requested**

If, based on the information provided by the employee, and any information that may have been provided by the employee's medical professionals, the agency is able to provide the employee with the reasonable accommodation that the employee requested, the DRA will indicate so on the Notification of Agency Determination form. Before the employee is notified of the approval of the accommodation, the DRA should first notify the employee's supervisor.

A reasonable accommodation may be provided for a limited duration, such as where an unusual or even novel reasonable accommodation is being provided, and the agency needs the opportunity to assess whether or not the accommodation is working well, and whether or not it is operationally disruptive or otherwise causes an undue hardship. If this is the case, the DRA must specify a date upon which the reasonable accommodation will be reevaluated.

All accommodations will be reviewed annually.

The employee's supervisor is instructed to discuss implementation of this accommodation with the employee. If the employee has any questions, s/he may contact the agency's DRA.

#### **6. Agency Will Offer an Alternative Accommodation**

If the agency determines that it will offer an accommodation different from the one requested, then the supervisor should be consulted about the proposed accommodation before the employee is advised of the offer. The Notification of Agency Determination form shall be completed and sent to the employee, to inform the employee of the agency's determination.

If the employee does not accept the offered accommodation, the Notification of Agency Determination form should be returned to the DRA, with the employee's signature, denoting that s/he rejects the accommodation that has been offered.

#### **7. Agency Is Unable to Provide a Reasonable Accommodation**

If, based on the information provided, the agency is unable to provide a reasonable accommodation, the DRA will so note on the Notification of Agency Denial of Reasonable Accommodation form. A reason for the denial must be given to the employee.

#### **8. Appeal of Agency Denial or Modification of Reasonable Accommodation**

An employee requesting Reasonable Accommodation has the right to file an appeal upon receiving an agency's final determination – which must be either a denial, or a modification that the employee does not accept.

An employee wishing to initiate an appeal of an agency's final determination must do so within 15 calendar days from the date of denial or modification of a reasonable accommodation. The employee must complete and submit the "Request to Appeal a

Reasonable Accommodation Determination to the Superintendent” form along with all available relevant documentation to the Superintendent. The Superintendent must respond to the appeal within 15 calendar days of receiving the “Request to Appeal a Reasonable Accommodation Determination to the Superintendent” form.

If the employee is not satisfied with the Superintendent’s determination, the employee must complete and submit the “Request to Appeal a Reasonable Accommodation Determination to the Board of Education” form. along with all available relevant documentation to the Board of Education within 15 calendar days from receiving the Superintendent’s determination.

The Board of Education must respond to the appeal within 15 calendar days of receiving the “Request to Appeal a Reasonable Accommodation Determination to the Board of Education” form.

### **3. Maintenance of Records and Data Collection**

To the extent that any applicable laws, Executive Orders or Memoranda, rules, regulations, or policies require the maintenance of records regarding requests for accommodation, it shall be the DRA’s responsibility to maintain such records.



# Request Reasonable Accommodation for Employees

## Application to Request Reasonable Accommodation for Employees (To be completed by employee and returned to *DRA*)

Application for reasonable accommodation is made to the agency's *Designee for Reasonable Accommodation (DRA)*. **All confidential information received by the agency's personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

Last Name	First Name	Middle Initial
Address		
Job Title	Work Location	Work Phone Number
Supervisor	E-mail address:	
Mobile Phone Number	Preferred method of communication:	

I am requesting the following reasonable accommodation(s):

It is necessary for me to have this accommodation for the following reason(s):

Employee Signature	Date
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The employee should retain a copy of this form. The original is filed by the *DRA*.

# Request Reasonable Accommodation for Employees

## Initial Response to Request for an Accommodation (To be completed by DRA)

Name of Employee:
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We have reviewed your application for an accommodation.

Your request has been approved

Comments:
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No decision has been made at this time. We will continue to assess your request.  
The agency's DRA will contact you within the next two weeks.

Comments:	
Agency's DRA's Signature	Date
Agency's DRA's name:	

The employee should retain a copy of this form. The original is filed by the *DRA*.

# Request Reasonable Accommodation for Employees

## Notification of Need for Additional Information (To be completed by the *DRA* and returned to the employee)

Name of Employee:

We are continuing to assess your request. To make a determination, we need the following information:

**Medical Documentation**

Please inform your doctor of your application for an accommodation and have your doctor send us medical documentation, indicating the limitations that your disability would place on your job performance.

Information should be sent by the following date: \_\_\_\_\_

The requested information should be provided to the agency's Designee for Reasonable Accommodation (DRA).

**All medical information pertaining to Reasonable Accommodation must be kept confidential by the Agency.**

Other

**Explain:**

We require no additional information from you at this time.

The review process will include an evaluation of all relevant information. This may include an interview with you and/or your supervisor. After completion of the review, you will be informed in writing by the DRA, regarding the decision.

We anticipate that the decision will be made by this date: \_\_\_\_\_.

If you have any questions, please contact the DRA.

Signature of Agency's DRA

Date

**The employee should retain a copy of this form. The original is filed by the Agency's DRA.**

## Request Reasonable Accommodation for Employees

### Notification of Agency Determination: (To be completed by the DRA and returned to the employee)

Name of Employee:

Based on the information you provided, we are to provide you with a reasonable accommodation of your disability, as follows:

- The accommodation granted is as you requested in your application.
- The accommodation granted differs from the accommodation you requested, as follows:

Please discuss any questions regarding implementation of the accommodation with your supervisor. A letter from the Designee for Reasonable Accommodation (*DRA*) confirming this decision will be sent to you within the next week once you accept the accommodation. If you have any questions, please call the DRA. The employee should retain a copy of this form and return the original with his or her signature to be filed by the DRA.

I accept \_\_\_/ reject \_\_\_ the above reasonable accommodation.

Employee Signature

Date

## Request Reasonable Accommodation for Employees

### Notification of Agency Denial of Reasonable Accommodation (To be completed by the DRA and returned to the employee)

Name of Employee:

Based on the information you provided, we are unable to provide you with a reasonable accommodation of your disability, as you requested on \_\_\_\_\_.

We are denying your request for the following reason(s):

Signature of Agency's DRA

Date

If you have any questions, please call the Agency's DRA. The employee should retain a copy of this form. The original will be filed by Agency's DRA.

# Request Reasonable Accommodation for Employees

## Request to Appeal a Reasonable Accommodation Determination to the Superintendent (To be completed by the Employee and returned to the Superintendent)

This form and all available relevant documentation must be completed by the employee and submitted to the Superintendent within 15 calendar days of receiving the Notification of Agency Denial of Reasonable Accommodation form.

Name:	Telephone Number:
Mailing Address:	Email Address:
Preferred Method of Communication:	
Agency/Location/Office/Division	Job Title:
Date of Initial Request for Accommodation:	Specific Accommodation Requested:
Date of Agency Determination (Modification or Denial of Reasonable Accommodation Request):	Medical Limitation:

Please provide as much of the following information as is available to you to go along with this Request to Appeal:

**Reasonable Accommodation Request:**

- Initial Request for Accommodation
- Agency Confirmation of the Received Request for Accommodation
- Agency Request for Additional Supporting/Medical Documentation
- Agency Determination of the Request for Accommodation

**Correspondence/written communication with your agency**

- Any email or hard copy correspondence with your agency related to the requested accommodation. Do not delete or eliminate any information from emails/email chain.

**Medical Documentation**

- In addition to medical documentation, please also include any agency requests for additional documentation and/or requests to speak directly with a medical professional.

**Job Duties**

- Detailed description of job duties and responsibilities

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Request Reasonable Accommodation for Employees

**Determination of Appeal to the Superintendent:  
(To be completed by the Superintendent and returned to the employee)**

**Name of Employee:**

Based on the information you provided:

The appeal was granted

The appeal was denied for the following reasons:

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**I accept \_\_\_/ reject\_\_\_ the above decision.**

Employee Signature

Date

## Request Reasonable Accommodation for Employees

### Request to Appeal a Reasonable Accommodation Determination to the Board of Education (To be completed by the Employee and returned to the Board of Education)

This form and all available relevant documentation must be completed by the employee and submitted to the Board of Education within 15 calendar days of receiving the Determination of Appeal to the Superintendent form.

Name:	Telephone Number:
Mailing Address:	Email Address:
Preferred Method of Communication:	
Agency/Location/Office/Division	Job Title:
Date of Initial Request for Accommodation:	Specific Accommodation Requested:
Date of Agency Determination (Modification or Denial of Reasonable Accommodation Request):	Medical Limitation:

Please provide as much of the following information as is available to you to go along with this Request to Appeal:

**Reasonable Accommodation Request:**

- Initial Request for Accommodation
- Agency Confirmation of the Received Request for Accommodation
- Agency Request for Additional Supporting/Medical Documentation
- Agency Determination of the Request for Accommodation

**Correspondence/written communication with your agency**

- Any email or hard copy correspondence with your agency related to the requested accommodation. Do not delete or eliminate any information from emails/email chain.

**Medical Documentation**

- In addition to medical documentation, please also include any agency requests for additional documentation and/or requests to speak directly with a medical professional.

**Job Duties**

- Detailed description of job duties and responsibilities

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Request Reasonable Accommodation for Employees

**Determination of Appeal to the Board of Education:  
(To be completed by the Board of Education and returned to the employee)**

**Name of Employee:**

Based on the information you provided:

The appeal was granted

The appeal was denied for the following reasons:

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**I accept \_\_\_/ reject\_\_\_ the above decision.**

Employee Signature

Date