



SUNY BROCKPORT

Employee Request for Disability-Related Reasonable Accommodation

SUNY Brockport is dedicated to providing effective, reasonable accommodation for individuals with disabilities. To identify and implement such accommodation, the University engages in an “interactive process,” in which the University and individuals with disabilities who request accommodations work together to reach an appropriate outcome. The ADA Coordinator is responsible for working with qualified individuals with disabilities to arrange changes in the work environment or procedures which enable an individual with disabilities to experience equal employment opportunities.

Process

1. Employee completes the *Employee Request for Disability-Related Reasonable Accommodation Form* and submits to the ADA Coordinator.
2. Employee provides their doctor with the *Health Care Provider Information for Reasonable Accommodation Request Form* and instructs the doctor to submit completed form to the ADA Coordinator.
3. ADA Coordinator:
 - Receives and reviews the employee request form and health care provider form.
 - Will notify the employee if a review of the request and of supporting documentation is inconclusive, or if it is determined that medical documentation is inadequate or otherwise problematic. The ADA Coordinator will specify to the employee why the documentation is unacceptable, and the employee will be asked to submit additional supporting documentation.
 - Contacts the employee’s manager and/or other Human Resources representatives as necessary.
4. If, based on the review, the ADA Coordinator determines that the employee is entitled to an accommodation and that the proposed accommodation is reasonable as defined by the Americans with Disabilities Act (ADA), the ADA Coordinator will consult with the employee’s supervisor about appropriate methods of implementing the requested accommodation or some variation thereof.
5. The ADA Coordinator will provide the employee and their manager written notification of the approval or denial of the request for disability-related accommodation.



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APPEAL PROCESS

If the employee does not agree with the decision of the ADA Coordinator due to either:

- a. Being denied the accommodation of; or,
- b. Disagreement on the recommended accommodation(s) and an agreement cannot be reached, the employee may initiate a formal appeal. The appropriate steps are:
 - An appeal must be submitted in writing to the Vice President for Administration and Finance, SUNY Brockport, 708 Allen Administrative Building, 350 New Campus Drive, Brockport, NY 14420. The appeal must set forth the specific action disputed, and the specific accommodation sought by the employee. The Vice President for Administration and Finance will notify the ADA Coordinator and obtain a copy of the employee's file, including the documentation of the disability and the need for accommodation(s), if any, recommended by the evaluator and the ADA Coordinator.
 - The Vice President for Administration and Finance will convene a meeting with the employee and the ADA Coordinator within 2 weeks of receiving the written appeal. The Vice President for Administration and Finance will make a decision on the appeal after meeting with the employee and reviewing the file and documentation.
 - The Vice President for Administration and Finance has the authority to make the final determination regarding accommodation.

Disability Accommodation Resources

Questions or concerns regarding policy or services should be directed to:

Tammy Gouger
AVP for Human Resources/ADA Coordinator
409 Allen Administration Building
350 New Campus Drive
Brockport, NY 14420
585-395-2442
tgouger@brockport.edu



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Definitions

The following definitions are based on the New York Human Rights Law. Unlike both the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, the New York Human Rights Law protects all individuals with physical, mental or medical impairments that either impede normal bodily function or are demonstrable by medically accepted diagnostic technique. The protection of the federal statutes is limited to those impairments that substantially limit one or more major life activities.

Essential Job Functions: Essential functions are those fundamental to the position; A function is essential if not performing that function would fundamentally change the job occupation for which the position exists.

Person With a Disability: a person who has “a physical, mental, or medical impairment,” who, upon provision of a reasonable accommodation if needed, is able to perform in a reasonable manner, the activities involved in the job or occupation sought or held. Individuals with a disability also include persons who have a record or history of impairment, even if they do not currently have impairment. These individuals are protected from bias, but only current impairments need to be reasonably accommodated. Persons who have a condition regarded by others as an impairment, or who are incorrectly perceived as having an impairment, are also protected from discrimination. However, only actual impairments need to be reasonably accommodated. Physical, Mental or Medical Impairment: any impairment “resulting from anatomical, physiological, genetic, or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques.”

Qualified Person with a Disability: a person with a disability who, as defined below, can reasonably perform the activities involved in the job, and who satisfies the requisite skill, experience, education and other job-related requirements of the position which the individual holds or desires.

Reasonable Accommodation: The New York Human Rights Law, the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990 require that employers provide reasonable accommodation to the known physical or mental limitations of otherwise qualified applicants or employees with disabilities, unless it can be demonstrated that providing such accommodations would result in undue financial or operational hardships.

Reasonable accommodation refers to the modifications or adjustments to a job application process which enables a qualified individual with a disability to be considered for the position sought and to modifications or adjustments to the work environment or the manner in which a job is performed. An accommodation is reasonable if it removes or mitigates the barriers to performance caused by the individual’s impairment and does not cause undue hardship to the employer.



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Reasonable Performance: The Human Rights Law protects from discrimination those who can reasonably perform the job, with reasonable accommodation, if needed, despite the person's impairment. Reasonable performance is not perfect performance or performance unaffected by the disability, but reasonable job performance reasonably meeting the employer's needs to achieve its business goals. Ability to reasonably perform the "activities involved in the job or occupation" means the ability, with or without accommodation, to satisfactorily perform the essential functions of the job as established by the employer. The employer's judgment, as to what is minimally acceptable performance will prevail, so long as standards for performance are applied equally to all employees in the same position.

Undue Hardship: this means significant difficulty or expense to the employer. In determining whether an accommodation would result in undue hardship, any relevant factor may be considered.



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EMPLOYEE REQUEST FORM FOR DISABILITY-RELATED REASONABLE ACCOMMODATION

Instructions: To request accommodation in the workplace due to a disability, please submit the completed request form to the ADA Coordinator. In addition, the Health Care Provider Information for Reasonable Accommodation Request Form must be completed by a qualified healthcare professional who has made the diagnosis of your condition and/or is currently providing treatment of the condition.

Name _____ Email _____

Budget Title _____ Campus Title _____

Division _____ Work Location _____

Manager's name _____

Work Phone _____ Home Phone _____

Describe how your disability affects your ability to perform the essential job functions of your position:

I am requesting the following accommodation(s):

Describe how this requested accommodation(s) is necessary to perform the essential job functions of your position:

Employee Signature

Date

I understand that all information provided to the ADA Coordinator is kept confidential and will only be shared with individuals directly involved in the review of the accommodation(s) request.

Return completed form to: SUNY Brockport, Tammy Gouger, ADA Coordinator, 409 Allen Administration Building, 350 New Campus Drive, Brockport, NY 14420.



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HEALTH CARE PROVIDER INFORMATION FOR REASONABLE ACCOMMODATION REQUEST FORM

Employee Name: _____

A. Questions to help determine whether an employee has a disability.

For reasonable accommodation under the Americans Disability Act (ADA), an employee has a disability if they have an impairment that substantially limits one or more major life activities or a record of such impairment. The following questions may help determine whether an employee has a disability:

1. Does the employee have a physical or mental impairment? Yes _____ No _____

a. If yes, what is the impairment? (Please be specific) _____

b. Is the impairment(s) temporary? Yes _____ No _____

c. If the above is yes, what is the anticipated duration?

Answer the following question based on what limitations the employee has when their condition is in an active state and what limitations the employee would have if no mitigating measures were used.

Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.



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1. Does the impairment substantially limit a major life activity? Yes ___ No ___

Note: The impairment does not need to significantly or severely restrict the individual to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.

a. If yes, what major life activity(s) is/are affected?

- | | | | |
|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Interacting with Others | <input type="checkbox"/> Reading | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Caring for Self | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working |
| | | | <input type="checkbox"/> Other |

b. If yes, what major bodily functions is/are affected?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Endocrine | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic | <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Circulatory | <input type="checkbox"/> Immune | <input type="checkbox"/> Operation of an Organ | |

B. Questions to help determine whether an accommodation is needed. An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. Accommodation ideas and suggestions are always welcome and can be helpful however, employers do get to choose the effective accommodation that will be provided for an employee, as outlined by the Equal Employment Opportunity Commission (EEOC.) To assist us in determining the most appropriate and effective accommodations, the employer needs to know what specific symptoms and functional limitations are creating barriers for the employee. The following questions may help determine whether the requested accommodation is needed because of the disability. Please answer the following with as much detail as possible.

1. What limitation(s) is interfering with job performance or accessing a benefit of employment? (What is getting in the way of the employee from doing their job?)



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2. How would your suggested accommodations improve the employee's job performance?

D. Other Questions and Comments.

Medical Professional's Signature

Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities 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.

Please return this form to Tammy Gouger, ADA Coordinator, SUNY Brockport, 409 Allen Administration Building, 350 New Campus Drive, Brockport, NY 14420 or by fax: 585-395-5275