

# **Reasonable Accommodation Policy and Procedure**

## **Definition**

Reasonable Accommodation (RA) is a logical adjustment made to a job and/or the work environment that enables a qualified disabled person to perform the essential functions of that position. The RA shall not include altering essential job functions or creating positions that do not exist. The RA will be provided only when the accommodation is necessary to perform the essential functions of the job. Transportation, personal care needs, supervisor/subordinate difficulties, etc., are not appropriate reasons for RA.

## **Background**

Effective January 1, 2001, California's Fair Employment and Housing Act (FEHA) was amended to provide significantly broader protections to employees with disabilities. The amendments include an express declaration that the California statutes are intended to extend beyond the federal Americans with Disabilities Act (ADA), broadening the definition of "disability," delineating new and different unlawful employment practices arising from certain pre-employment and post-employment inquiries, and prohibiting failure to engage in a timely, good faith, interactive process with the employee to determine a RA for the disability.

The amendments make it an unlawful employment practice for an employer to fail to engage in a timely, good faith, interactive process with the employee or applicant to determine effective RAs, if any, in response to a request for RA by an employee or applicant with a known disability or medical condition. The RA may include such measures as making existing facilities readily accessible to and usable by individuals with disabilities; job restructuring; part-time or modified work schedules; acquisition or modification of equipment or devices; adjustment or modification of examinations, training materials, or policies; the provision of qualified readers or interpreters, and other similar actions. As a last resort, reassignment to a vacant position can be considered, provided the individual meets the minimum qualifications of the classification and can perform the essential functions of the job.

## **Policy**

The Fair Political Practices Commission's (FPPC) policy is to fully comply with the RA requirements of the FEHA. Under the law, state agencies must provide RA to qualified employees or applicants with disabilities unless doing so would cause undue hardship. The FPPC is committed to providing RAs to its employees and applicants for employment in order to ensure that individuals with disabilities enjoy full access to equal employment opportunities at the FPPC. The FPPC provides RAs:

- when an applicant with a disability needs an accommodation in order to be considered for a job or
- when an employee with a disability needs an accommodation to enable him or her to perform the essential functions of the job or to gain access to the workplace or
- when an employee with a disability needs an accommodation to enjoy equal benefits and privileges of employment or
- when a non-employee needs an accommodation.

## **Procedure**

1. The employee completes a Reasonable Accommodation Request form and submits it to the employee's immediate supervisor (Supervisor), who notifies the Equal Employment Opportunity (EEO) Officer and the Executive Director.
2. The Supervisor/EEO Officer reviews the Reasonable Accommodation Request form, attaches an essential functions job description (Duty Statement), has the employee complete an Authorization for the Release of Medical Information form, and forwards the complete package to the Administration Division Chief within five (5) working days.
3. The Administration Division Chief receives the request for RA documentation. The Administration Division Chief and Supervisor speak with the employee and engage in a timely, good faith, interactive process to determine effective RAs. The Administration Division Chief and Supervisor must keep written notes of the conversation(s) with the employee. When more than one accommodation exists, FPPC will consider any and all RAs of which it is aware or that are brought to its attention by the applicant or employee. The Administration Division Chief shall respond to the request within twenty (20) days of receipt.
4. The Administration Division Chief contacts the health care provider and the employee immediately, consults as necessary, and determines the appropriateness of the RA request.
5. The physician submits the medical information to the Administration Division Chief within ten (10) working days.
6. When the medical information is received, the Administration Division Chief analyzes the information.

- If the RA request is approved and the employee is found to be disabled, the following happens:
  - The employee and their supervisor are informed of the approval.
  - If the request is for a change of duties, the employee will receive:
    1. A transfer
    2. Exemption from transfer, or
    3. Special hours
  - If the employee is unable to perform essential functions of the position, the Administration Division Chief will seek alternate resolution(s), including:
    1. Demotion
    2. Change in classification
    3. Alternate suitable position
- If the employee is found to be disabled *and* the request is for equipment, the Administration Division Chief seeks and effects solution(s):
  - Advises employee's office of what equipment to order in a written RA approval letter or
  - The Administration Division Chief follows up with the employee and supervisor to ensure the equipment has been delivered and installed.

Employees may refer to EEOC's "[Enforcement Guidance on Reasonable Accommodation and Undue Hardship Under the Americans with Disabilities Act](#)" for additional information on the rights and responsibilities of applicants and employees requesting RA.

## Appeal Process

**State Personnel Board:** An appeal may be filed directly with the State Personnel Board Appeals Division within 30 days after the denial or lack of timely response. The appeal should specifically state what is appealed, what remedy is sought, and any other relevant information in support of the request.

**Department of Fair Employment and Housing/Equal Employment Opportunity Commission:** An appeal may also be filed concurrently with the Department of Fair Employment Housing and/or the EEO Commission. In accordance with the applicable memorandum of understanding, an employee may also file a grievance.

**Questions:** Questions regarding the information contained in this procedure should be directed to the Personnel Office.

### REASONABLE ACCOMMODATION REQUEST

The information requested below is confidential and will only be used to determine the specific equipment and/or services necessary to accommodate your work-related limitations due to disability or medical condition that can be verified. You or your representative should provide the information requested on this form.

CONFIDENTIAL  
This document contains personal information, and pursuant to Civil Code 1798.21 shall be kept confidential in order to protect against unauthorized disclosure.

#### SECTION I. TO BE COMPLETED BY THE EMPLOYEE

A reasonable accommodation is a modification or adjustment to a job and/or work environment which enables a qualified individual with a disability to perform the essential functions of his/her position and allows a person with a disability to take part in any and all aspects of the employment process.

NAME	BUSINESS PHONE (    )
JOB CLASSIFICATION	
DIVISION	
NAME OF SUPERVISOR	BUSINESS PHONE (    )

1. I have a disability or medical condition that requires a:

\_\_\_\_\_ Permanent reasonable accommodation.

\_\_\_\_\_ Temporary reasonable accommodation.

If temporary, what is the expected duration?

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2. Describe the disability or medical condition and how it limits your ability to perform the essential functions of your job or otherwise receive treatment equal to that provided by other employees.

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3. Please provide a description of the accommodation required. (If known, include the name of known vendor(s) and approximate costs and availability of goods/services requested.)

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4. Describe how the requested accommodation will assist you in performing the essential functions of your job or be provided the same opportunities available to other employees.

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5. Are you currently receiving services or benefits from the State Workers Compensation Insurance Fund (SCIF)?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**EMPLOYEE CERTIFICATION**

I certify that I have a disability or medical condition that requires reasonable accommodation, which may be met by acquiring the equipment, services, or work adjustments described in the above application.

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Employee Signature Date

## SECTION II. MEDICAL VERIFICATION

This request must include a physician's verification that meets the following criteria:

- a. Documentation must provide evidence of disability or functional limitation, including a medical recommendation for reasonable accommodation; a specific diagnosis is not required.
- b. The documentation must be written on the official letterhead of the qualified health professional or health professional's organization and contain the name, address, and telephone number of the treating health professional.
- c. The document must be dated and signed by the health professional.
- d. The work limitations must be described in detail as they currently exist and only relate to the job and whether the disability is permanent or temporary. If temporary, the date the disability is expected to end must be specified.
- e. The documentation must indicate the extent to which the accommodation will permit the employee to perform the essential functions of the job.
- f. If it is recommended and approved by the medical provider that an item be purchased, indicate where it may be obtained and include the cost and model number. If it is recommended that the work site be modified or specific duties be restructured or shared, describe the necessary action.

If the information received is insufficient for making a determination, additional information may be required from the attending healthcare professional.

### AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

To: Treating health professional who is in the possession of medical records and information pertaining to:

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

In order to assist in a determination of my request for reasonable accommodation while employed with the State of California, I authorize you, my treating physician, and/or medical practitioner to release information regarding the functional limitations I have relating to my request for reasonable accommodation without discussion of medical causes to the Fair Political Practices Commission.

Send records to:

Fair Political Practices Commission  
Personnel Office  
1102 Q Street, Suite 3050  
Sacramento, California 95811

This authorization shall be valid for a period of 90 days after the date of my signature or earlier if revoked by me in writing to the Fair Political Practices Commission. I hereby acknowledge that I have been informed of my right to receive a copy of this authorization upon request.

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Employee Signature

Date