



ADA ACCOMMODATION POLICY AND PROCESS

Office of Equity and Diversity

Linden Hall, Rowan University

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ADA – Office of Equity and Diversity, Linden Hall, Rowan University, 856-256-5440

The Americans with Disabilities Act gives civil rights protection to individuals with disabilities and guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance.*

Rowan University complies with the American Disabilities Act and section 504 of the Rehabilitation Act. In order to do so, Rowan has established a process to ensure equal treatment of all employees and candidates with disabilities. Please contact the Office of Equity & Diversity if you have any questions.

Employee Accommodation Policy

The Office of Equity & Diversity is the first contact for employees and/or potential employees requiring assistance. Upon receipt of notification that an employee or candidate may need an accommodation, the individual will be contacted to begin the verification process. Once all required documentation is received a determination of eligibility will be made. If eligible, a representative will contact the employee or candidate to review and verify the information and to develop an accommodation plan. Each accommodation is determined on a case by case basis. Documents are reviewed by the directors of Human Resources, Employee and Labor Relations, and Equity & Diversity. Copies of the accommodation plan will be given to the employee and to the appropriate department head, as well as a copy placed in the ADA file. Any changes to the accommodation plan may require additional documentation and must be processed through the Office of Equity and Diversity.

Any accommodation that has a significant financial impact on the institution will be referred to the Vice President of Finance to determine if the university can provide for the accommodation. Barring extenuating circumstances, this determination should occur within ten days of the receipt of the referral.

Appeals Process for Non-Worker's Compensation Requests

If the employee is found to be ineligible under ADA, an appeal may be submitted to the EEO officer in the Office of Equity and Diversity within 10 days of the date of denial letter. The result of the appeal will be made within 15 days from the date of receipt of the appeal letter.

(Requests of ADA due to Worker's Compensation please contact Human Resources)

Grievance Process

Once an accommodation plan has been approved, it should be followed as established. If for any reason this should not happen, the employee may file a grievance with the EEO officer in the Office Equity and Diversity. An investigation will be done into the matter and a plan will be developed for a resolution between the employee and the head of the appropriate department. The employee will be notified of the results within 30 days of the original receipt of the grievance, barring extenuating circumstances.

*Taken from the US Department of Justice Civil Rights Division

DOCUMENTATION REQUIRED: Employee must submit a Request for Services form and a completed Medical Inquiry Form for an ADA Accommodation Request. All forms and policy can be found at www.rowan.edu/equity

Definition of a Disability as Per ADA/504

A person with a disability is someone with a physical or mental impairment that substantially limits one or more major life activities. A person is considered to be a person with a disability if he/she has the disability, has a record of the disability, or is regarded as having the disability. **Inherent in this definition is the concept that an impairment itself is not a disability. It is the interaction of the impact of an impairment and the demands of the environment that create a disability.**

- A “physical impairment” means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skill and endocrine.
- A “mental impairment” means any psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disorders.
- An impairment which “substantially limits” refers to an inability to perform a major life activity, or a significant restriction as to the condition, manner, or duration under which a major life activity can be performed, in comparison to the average person or to most people; the availability of some mitigating factor (such as a hearing aid for a person with hearing loss that brings hearing acuity within normal limits) is **not** considered when determining if the disability substantially limits the individual.

Major life activities are the basic activities that the average person can perform with little or no difficulty. Examples: Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, reproductive. Also includes operations of an individual organ within a body system, such as the operation of kidney, liver, or pancreas.



REQUEST FOR SERVICES UNDER AMERICANS WITH DISABILITIES ACT

NAME	DATE	PHONE #
DIVISION	DEPARTMENT	
JOB TITLE	ASSIGNMENT	

REASON FOR REQUEST (Please Print)

Explain why you are requesting services under ADA/504. Include your understanding of your diagnosis, prognosis, and what you feel you need to meet the requirements of your job.

Is this condition temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate date ending ___/___/___
Is this condition permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please refer to Documentation Required Form

Consent for Release of Information:

I, _____, hereby give my written consent for the Office of Equity and Diversity to release information considered pertinent (psychological and/or medical) with necessary University personnel for the sole purpose of determining eligibility and implementation of any accommodations requested or deemed necessary.

Signature _____ Date _____

Please return to Dr. Johanna Velez-Yelin in the Office of Equity and Diversity, Linden Hall

OR

Eileen Scott in the Office of Human Resources, Linden Hall



MEDICAL INQUIRY FORM FOR AN ADA ACCOMMODATION REQUEST

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

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?

Yes

No

If *yes*, what is the impairment (diagnosis)?

Is the impairment long-term or permanent?

Yes

No

If *not* permanent, how long will the impairment likely last?

Answer the following questions based on what limitations the employee has when his or her 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, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity?

Note: Does not need to significantly or severely restrict to meet this standard.

Yes

No

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

- | | | | | |
|--|------------------------------------|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping | (describe) |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating | |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | | |

Does the impairment substantially limit the operation of a major bodily function?

Note: Does not need to significantly or severely restrict to meet this standard.

Yes

No

If *yes*, what bodily function is affected?

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

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 to perform the job. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve the ability to perform the job?

If so, what are they?

How would your suggestions improve the employee's ability to perform the job?

Comments

Medical Professional's Signature

Date

Physician name and address: _____

