



## Procedure 6.8: Americans with Disabilities Act (ADA)

Volume 6

Managing Office: Office of Human Resources

Effective Date: September 16, 2011

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### **I. Purpose**

The University committed to ensuring equal opportunity and access to all members of the campus community in accordance with Section 503/504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). The University prohibits discrimination against any employee or applicant on the basis of physical or mental disability, or perceived disability. The University will provide reasonable and appropriate accommodations to enable employees to participate in the life of the campus community. Individuals with disabilities are responsible for reporting and supplying documentation verifying their disability. Requests for accommodations must be initiated through the Office of Human Resources by submission of the ADA Accommodation Request Form that is posted on the Human Resources Website.

### **II. Definition**

The ADA's protection applies primarily, but not exclusively, to "disabled" individuals. An individual is "disabled" if he or she meets at least any one of the following tests:

- a. He or she has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- b. He or she has a record of such an impairment; or
- c. He or she is regarded as having such impairment.

Employees with disabilities at the University are encouraged to confer with the Office of Human Resources to identify suitable accommodations and services after submission of the required ADA Accommodation Request Form. Any questions, difficulties, or concerns should be referred to the Office of Human Resources as soon as possible.

### **III. Notification Requirements and Service Criteria**

- a. **Self-Disclosure:** All employees seeking accommodation under section 504 of the Rehabilitation Act of 1973 *et seq.* or the Americans with Disabilities Act must self-identify with the Office of Human Resources. For accommodations, a written requisition must be submitted to this Office. The form to request ADA Accommodations is posted on the Office of Human Resources Website.
- b. **Documentation:** It is the responsibility of employees to submit documentation of physical or learning disabilities from qualified and licensed medical or testing personnel. Expenses incurred in obtaining the professional verification are the individual's responsibility. The following documentation criteria and the ADA Accommodation Request Form should be used in forwarding assessments to the Office of Human Resources for disabilities verification:

1. Physical, Sensory, and Health-Related Disabilities

- a. Verification of the disabling condition must be obtained from a licensed health care professional that is qualified and currently or recently associated with the individual.
  - b. The diagnosis must reflect the present level of functioning of the major life activity affected by the disability.
2. Psychological Disorders or Attention Disorders
    - a. Verification of diagnosis and severity of disabling condition from a qualified professional (e.g., psychiatrist for ADD/ADHD, psychologist or psychiatrist for other psychological disorders).
    - b. A detailed description of how this impairment significantly limits a major life activity should be provided.
3. Learning Disabilities
    - a. A professional qualified to diagnose a learning disability (e.g., a licensed psychologist, learning disabilities specialist, neuropsychologist), must prepare the evaluation. Collaboration with speech and language clinicians, reading specialists and other educational professionals may be appropriate and necessary for a comprehensive assessment.
    - b. Results of a clinical interview with the individual and descriptions of testing procedures, instruments used, test and sub-test results reported in standard scores should be included.
    - c. Evaluations must be comprehensive and include test results in the following areas, where applicable; intelligence, reading, mathematics, spelling, written language, language processing and cognitive processing skills. Testing should carefully examine areas of concern/weakness as well as areas of strengths.
    - d. A clear diagnostic statement based on test results and personal history must be included.
    - e. An evaluation should be no more than three years old. This requirement may be waived if deemed not medically necessary.
- c. Employee Responsibilities: Employees with disabilities are obligated to utilize all adjustments and/or accommodations properly and responsibly.

#### **IV. Reasonable Accommodation**

The University has adopted the following as established by the U.S. Equal Employment Opportunity Commission (EEOC):

A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Reasonable accommodation may include, but is not limited to:

- a. Making existing facilities used by employees readily accessible to and usable by persons with disabilities;
- b. Job restructuring, modifying work schedules, reassignment to a vacant position; and
- c. Acquiring or modifying equipment or devices, adjusting/modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

The University is required to make an accommodation for the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the University's business. Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources and the nature and structure of its operation.

The University is not required to lower quality or production standards to make an accommodation, nor is it obligated to provide personal use items such as glasses or hearing aids.

The University will not ask job applicants about the existence, nature or severity of a disability. Applicants may be asked about their ability to perform specific job functions. A job offer may be conditioned on the results of a medical examination, but only if the examination is required for all entering employees in similar jobs. Medical examinations of employees must be job related and consistent with the University's business needs.

Employees and applicants currently engaging in the illegal use of drugs are not covered by ADA, when the University acts on the basis of such use. Tests for illegal drugs are not subject to the ADA's restrictions on medical examinations. The University will hold illegal drug users to the same performance standards as other employees.

#### **V. Undue Hardship**

For the purposes of this document, The University applies the ADA definition of "undue hardship" as an action requiring significant difficulty or expense. Factors to be considered in determining undue hardship may include, but are not limited to:

- a. the cost of the accommodation required under ADA;
- b. the financial resources of the facility involved in the provision of the reasonable accommodation;
- c. the number of students and/or employees involved;
- d. the financial impact on the facility;
- e. the impact on the operation and geographic, physical, administrative, or fiscal relationship of the facility in question.

#### **VI. Provision of ADA Accommodations**

If an employee is a qualified individual with a disability as required by the ADA, then the Director of Human Resources, or his/her designee, shall consult with the employee's immediate supervisor to determine necessary reasonable accommodations, if any, that will be granted to the employee. The provision of an ADA accommodation shall be based on employee's submission of required forms and documentation and consideration of the essential functions of his/her position as well as consideration of whether the accommodation will pose an undue hardship on the department.

The Office of Human Resources shall send a written ADA Accommodation Plan to the employee and his/her immediate supervisor. Documentation regarding the ADA Accommodation request and the accommodation plan, if any, shall be retained in a separate confidential file in the Office of Human Resources.

#### **VII. Supervisors Responsibility Section**

Supervisors are not authorized to unilaterally formulate or grant any form of an ADA Accommodation for any employee. All ADA Accommodation requests must be coordinated through the Office of Human Resources.

Supervisors must work with the Office of Human Resources to discuss the nature of the proposed ADA Accommodation, if any, to determine whether the proposed accommodation is practicable and will not create an undue hardship on the department.

#### **VIII. ADA Complaints**

All ADA complaints are considered to be allegations of discrimination and therefore must be filed with the Director of Human Resources.



# Alabama Agricultural and Mechanical University

## Office of Human Resources

### Release of Medical Information Form (ADA)

#### Medical/Health Information

The undersigned hereby grants permission to Alabama A&M University, having its principal place of business at 4900 Meridian Street Normal, Alabama 35762, to discuss any and all medical/health related information with any medical practitioner, hospital, facility, or any other agency that has medical records or knowledge of the medical records of the undersigned for the purpose of evaluating the undersigned's request for a workplace accommodation under the Americans with Disabilities Act of 1990 (ADA) as amended.

#### Medical/Health Records

The undersigned hereby authorizes any medical practitioner, hospital, facility, or any other person or entity that has medical records or knowledge of the medical records of the undersigned to release such information upon request to Alabama A&M University, having its principal place of business at 4900 Meridian Street Normal, Alabama 35762, for purpose of evaluating the undersigned's request for a workplace accommodation under the Americans with Disabilities Act of 1990 (ADA), as amended.

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Employee's (Patient) Printed Name: \_\_\_\_\_

Employee's (Patient) Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Employee's (Patient) Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_



Alabama Agricultural and Mechanical University
Office of Human Resources

Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762
Phone: 256.372.5835 Fax: 256.372.5881

Americans with Disabilities Act (ADA) Accommodation Request Assessment
Medical Certification of Physician or Practitioner Form
(Revised October 2015)

Completed form must be returned to the Office of Human Resources within 15 days of the date of this form.

Section I: For Completion by the Employee

Employee's (Patient) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_

\*Please attach a copy of your official Alabama A&M University job description to this document before submitting to your physician.

Section II: For Completion by the Health Care Provider

Instructions to the Physician:

The above employee has requested a workplace accommodation, to enable the employee to perform the essential functions of his/her position, either because of a disability as either defined under the Americans with Disabilities Act (ADA), as amended, or state law. The following form must be completed in detail and signed by the employee's attending medical provider. Please attach additional pages or records as needed. Do not provide information not related to the employee's ability to perform his/her job duties. Example: Do not identify an impairment if it does not have an impact on employee's ability to perform his/her job duties.

Definition

An employee has a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such an impairment or being regarded as having an impairment.

The ADA Amendments Act of 2008 provides examples of "major life activities," including, but are not limited to: 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, and the operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

Please do not send us medical records or genetic information: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered 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 do 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 reproduction services.*

In order to assist with the interactive process of determining reasonable accommodation, we are requesting you to provide feedback to the following questions based on your medical expertise. Please answer the questions on this form to help determine disability and reasonable accommodation.

1. Please confirm you have examined the employee and are familiar with the employee's medical history.  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is the employee released to return to work full-time, full duty without the need for restrictions, limitations, or accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the employee's full, unrestricted return to work date: \_\_\_\_\_

If no, please complete the remainder of this form.

3. When can the employee return to work with restrictions or an accommodation? [Additional questions regarding restrictions or accommodations below.] \_\_\_\_\_

4. Does the employee have a physical or mental impairment(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please list impairment(s): \_\_\_\_\_

**Note:** A physical or mental impairment under the ADA is:

- Any physiological disorder, 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, genitourinary, hemic and lymphatic, skin, and endocrine; or
- Any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- The disorder or condition is considered:
  - In its active state, even if presently in remission. (Examples: epilepsy, MS, asthma, cancer, bipolar disorder.)
  - Without regard to the effects of mitigating measures such as prostheses, medication, etc., except ordinary eyeglasses.
  - With consideration of the negative effects of treatment such as medication or other measures.

6. Limitations on major life activities. Does the employee’s impairment substantially limit one or more major life activities? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** Whether an impairment substantially limits the ability of an individual to perform a major life activity is determined:

- As compared to most people in the general population; and
- Does not need to prevent, or significantly or severely restrict, the individual from performing a major life activity – the impairment only needs to “substantially limit”

7. Which major life activity(s) is/are affected? Check all major life activities that both (a) are affected by the employee’s impairment(s) and (b) restrict or limit the employee’s ability to perform the employee’s job duties.

Major life activities – general life activities:

<input type="checkbox"/> Bending	<input type="checkbox"/> Interacting with others	<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking
<input type="checkbox"/> Breathing	<input type="checkbox"/> Learning	<input type="checkbox"/> Sitting	<input type="checkbox"/> Working
<input type="checkbox"/> Caring for self	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Other(s) (describe)
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Performing manual task	<input type="checkbox"/> Speaking	
<input type="checkbox"/> Eating	<input type="checkbox"/> Reaching	<input type="checkbox"/> Standing	
<input type="checkbox"/> Hearing	<input type="checkbox"/> Reading	<input type="checkbox"/> Thinking	

Major life activities – operation of major bodily functions:

<input type="checkbox"/> Bladder	<input type="checkbox"/> Digestive	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Bowels	<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"/> Sensory organs & skin
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Hemic	<input type="checkbox"/> Normal cell growth	<input type="checkbox"/> Other(s) (describe)
<input type="checkbox"/> Circulatory	<input type="checkbox"/> Immune	<input type="checkbox"/> Operation of an organ	

8. For the impairments identified above, when did the employee’s impairment(s) commence? If there is more than one impairment, please specify the start date for each:

Impairment	Start date

9. Performance of essential job functions. Does the employee's impairment(s) limit his/her ability to perform the essential functions of the employee's position (as defined in the job description) without any accommodations?

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

If the answer is yes, please:

a. Identify which essential function(s) the employee is unable to perform without an accommodation:

\_\_\_\_\_  
\_\_\_\_\_

b. Describe the manner in which the employee's ability to perform each essential function is limited:

\_\_\_\_\_  
\_\_\_\_\_

10. a. What accommodation(s) will enable the employee to perform the essential job functions? Please describe: *You must provide your best medical judgment, based on current information, as to the length of time the employee will need an accommodation to perform his/her essential job functions.*

\_\_\_\_\_  
\_\_\_\_\_

b. How will the accommodation(s) assist the employee in performing the essential job functions?

\_\_\_\_\_  
\_\_\_\_\_

c. Duration. For how long do you anticipate the employee will need the identified accommodation(s) to perform the essential job functions?

\_\_\_\_\_ (circle one) days / weeks / months / years; or \_\_\_\_\_ permanent

11. Additional information. Are you aware of any other information that Alabama A&M University should consider in assessing whether the employee can perform the essential job functions with or without accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Name (Print): \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Type of Practice: \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

**Upon completion, please return this form to:**  
Ms. Cheryl K. Johnson -- (256) 372-5881 (Facsimile)