



AMERICAN WITH DISABILITIES ACT (ADA) POLICY STATEMENT

Western Connecticut State University does not discriminate on the basis of disability in the administration of, or access to, its programs, services or activities. Under this policy, a person with a disability is defined as "a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having an impairment."

As President, I have designated the following individual(s) to coordinate the University's compliance with the non-discrimination requirements of Section 35.1067 of the United States Department of Justice regulations:

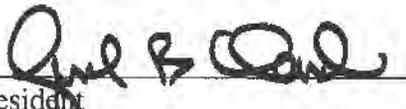
FOR EMPLOYEE ACCOMMODATIONS

Mrs. Jesenia Minier-Delgado
University ADA Coordinator
Office of Diversity and Equity
University Hall, Room 214
Telephone: (203) 837-8444
Webpage: <http://www.wcsu.edu/diversity/>
Email: minierdelgadoj@wcsu.edu

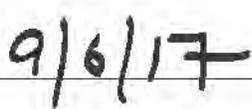
FOR STUDENT RELATED ACCOMMODATIONS

Mrs. Elisabeth Morel, Director
Office of AccessAbility Services
White Hall, Room 005
Telephone: (203) 837-8225
Webpage: <http://www.wcsu.edu/accessibility/>
Email: aas@wcsu.edu

Based on your University status, should you wish to notify the identified representative(s) of barriers that may exist in equal access to any program, service, or activity offered by the University or to obtain information regarding the provisions of the Americans with Disabilities Act and your rights, you are encouraged to contact either of the representatives listed above. If you feel that you need a reasonable accommodation as a result of your disability to allow you to perform either the essential functions of your position or within an academic (and/or classroom) setting, please follow the ADA procedure for requesting a reasonable accommodation from either the Office of Diversity and Equity (for employees) or the Office of AccessAbility Services (for students).



President



Date



PROCEDURE FOR EMPLOYEES REQUESTING REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act of 1990 requires employers to provide “reasonable accommodation” to qualified individuals with disabilities who are employees or applicants unless to do so would cause an “undue hardship.” The term reasonable accommodation generally is any change in the work environment or in the way things are customarily done that enables a disabled employee to enjoy equal employment opportunities. The University must analyze each request for accommodation on a case-by- case basis and make a good faith effort to reasonably accommodate a qualified employee or applicant with a disability.

As a general rule, the individual with a disability must inform the employer that an accommodation is needed since employers are only obligated to provide reasonable accommodation of known disabilities. Under the ADA, the employer and the employee must engage in an informal interactive process to clarify what the individual needs and identify the effective reasonable accommodation. The employer may ask questions about the nature of the disability and the individual’s functional limitations in order to identify an effective accommodation. Further, if the disability and/or need for an accommodation are not obvious, the employer may ask for more information including documentation to establish that the person has a disability and that it necessitates a reasonable accommodation. At its discretion, the University may require that the documentation about the disability and the functional limitations come from an appropriate health care or rehabilitation professional.

The employer is not required to provide the reasonable accommodation that the individual requests. Rather, the employer may choose among reasonable accommodations as long as the chosen accommodation is “effective,” i.e., it would remove a workplace barrier, thereby providing the individual with an opportunity to perform the essential functions of the position. The employer may choose a less expensive or burdensome accommodation among available effective reasonable accommodations.

REASONABLE ACCOMMODATION PROCESS

1. Initiation of the Request for Reasonable Accommodation

In order for the University to analyze each request for accommodation, the requesting employee or job applicant should complete the attached two forms, the “**Reasonable Accommodation Request Form**,” and the “**Health Care Provider Release Form**.” When deemed necessary by the University, the employee or job applicant must provide current documentation from a health care provider regarding the nature of the disability and need for accommodation. The employee/job applicant seeking a reasonable accommodation must complete these forms and provide them directly to the University’s ADA Coordinator:

Jesenia Minier-Delgado
University ADA Coordinator
Office of Diversity and Equity
University Hall, Room 214
Telephone: (203) 837-8444
Email: minierdelgadoj@wcsu.edu

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WESTERN CONNECTICUT STATE UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER



The request for accommodation should include current documentation from a health care provider that:

- States the nature of the disability in order to establish that the individual has a mental or physical impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.
 - Explains the functional limitations the employee has a result of their disability as it relates to the job duties.
 - Suggests accommodations that would remove the barriers to the employee/applicant's ability to perform the essential functions of the job.

2. Essential job function analysis conducted by the University and determination of the request for reasonable accommodation

The University ADA Coordinator will contact the department, division or unit and conduct an essential job function analysis. The University retains the right to establish the essential job functions of the position for which a request for accommodation has been made.

After all of the above information have been taken, the following steps will be taken:

- A review by a University-designated health professional may be required (if applicable) to substantiate that the employee has a disability and needs a reasonable accommodation.
- If appropriate, a meeting may be held with the employee, University ADA Coordinator, and management/supervisory personnel from the department to discuss the employee's limitations as they relate to the essential functions of the job and to discuss various options in regard to accommodating the employee.
- The University administration retains discretion to select an accommodation which is deemed to be effective in removing the workplace barrier that is impeding the individual with a disability giving due consideration to the preferences of the employee or applicant.

Any questions regarding this process should be directed to the University's ADA Coordinator.

[References: 42 U.S.C. §12101 *et seq.*; .29 C.F.R. § 1630.9]

Complaint Procedure

For complaints of alleged violations of the Americans with Disabilities Act, employees should refer to the internal complaint procedure as contained in the University's Affirmative Action Plan.

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REASONABLE ACCOMMODATION REQUEST FORM

Instructions: This form is to be completed by employee or job applicant requesting an accommodation. Once completed, please send the form to:

Jesenia Minier-Delgado
University ADA Coordinator
Office of Diversity and Equity
University Hall, Room 214
Telephone: (203) 837-8444
Email: miniерdelgadoj@wcsu.edu

This form must be used by applicants and/or employees for employment who believe they have a disability and wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA) or other applicable state and federal civil rights laws. By considering this request, the University does not consider or regard the person making the request as having a disability as defined by the ADA, the Connecticut Fair Employment Practices Act, or any other applicable law. The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for an employee or applicant for employment. This form **must** be maintained separately from the employee's personnel file and is a **confidential** document.

Fill out all sections that apply to the requestor

Name: _____ Date of Request _____
First Name M Last Name

Address: _____

If an employee: Office Location: _____

Requestor Status: Applicant Employee Other: _____

Telephone: () _____ Home Work Mobile Other: _____
Telephone: () _____ Home Work Mobile Other: _____
Telephone: () _____ Home Work Mobile Other: _____

Job Title/Classification: _____ Union: _____

Supervisor's Name: _____ Phone #: _____

Department/Unit: _____

If job applicant, for what position are you applying? _____



Requestor Information

1. Identify the physical and/or mental health impairment(s) for which you are requesting an accommodation and expected prognosis/duration of the impairment(s).

2. Explain how the identified impairment(s) listed in #1 affects your ability to perform the essential function(s) of the job/job applying for.

3. List the accommodation(s) you are requesting.

4. Medical verification of impairment from my physician or health care provider (check the appropriate box):

- I have enclosed the documentation for this request.
- The disability is obvious and no medical documentation is needed.

Explain:

I, _____, give Western Connecticut State University permission to explore my request and coverage of the reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Requestor's Signature: _____ Date: _____

To be completed by the University ADA Coordinator for review of submission

Accommodation Request is: Approved Denied Modified
(Explain below) Comments:

ADA Coordinator Signature: _____ Review Date: _____

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HEALTH CARE PROVIDER RELEASE FORM

I, _____, give Western Connecticut State University the permission to contact _____ (the identified health care provider) at:

Address: _____

Telephone: _____ Email Address: _____

Physician's Name: _____

I understand the reason for this contact is to advise the University about my functional abilities and limitations in relation to my job functions. I understand that the University will provide (health care provider) with specific information about the position, including the essential functions and specific requirements. All information obtained from employee medical examinations and inquiries will be job-related and consistent with business necessity. All information obtained will be maintained and used in accordance with the Americans with Disabilities Act of 1990 confidentiality requirements, and all other applicable State and Federal laws.

Requestor's Signature: _____

Date: _____

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