

American Disabilities Act (ADA) Reasonable Accommodation Program Overview and Request Form

Baltimore City Community College is committed to complying with all federal and state laws concerning the employment of persons with disabilities. Furthermore, it is the policy of the College not to discriminate against qualified individuals with disabilities regarding application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. The College will provide reasonable accommodation(s) to otherwise qualified applicants and employees as required by law to ensure equal access to College employment and benefits, to the extent such accommodation(s) do not impose an undue hardship on the College.

An individual with a disability must be qualified to perform the essential functions of their job with or without reasonable accommodation to be protected by the ADA. This means that the applicant or employee must:

- Satisfy requirements for educational background, employment experience, skills, licenses, and any other qualification standards that are job related; and
- Be able to perform those tasks that are essential to the job, with or without reasonable accommodation.

Retaliation against an employee or applicant who requests an accommodation is prohibited.

What does it mean to provide a Reasonable Accommodation?

Reasonable accommodation is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities.

Confidentiality

All documents regarding an employee's reasonable accommodation requests shall be maintained in a separate confidential file from the employee's official personnel file, in accordance with applicable confidentiality laws and regulations.

How do I request reasonable accommodation?

Requests can be initiated in writing or verbally; and can be initiated with a supervisor and/or with human resources. Once a request is received in human resources, the HR representative will send the ADA Reasonable Accommodation packet (which consists of a portion that the employee fills out and another portion for the medical professional) to be completed for record keeping purposes and to establish the confidential file.

What is the Interactive Process?

The interactive process should start with a dialogue that focuses on understanding the difficulties that the employee is facing because of their disability. The interactive process is initiated when an employee or applicant requests accommodation due to a disability, or when the employer becomes aware of a potential need for accommodation. The goal is to find a suitable accommodation that enables the employees to perform the essential functions of their job.



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The interactive process should identify and evaluate potential accommodation; assess the effectiveness each would have in enabling the individual to perform the essential functions of the position; consider the preference of the employee; and select and implement the accommodation that is most appropriate for both the employee and the employer without causing undue hardship.

- The employer and employee should also consider whether interim accommodation is necessary until a more permanent accommodation solution can be implemented.
- Even after the accommodation has been agreed upon, the interactive process is not over. The
 accommodation should be monitored to ensure that it is satisfactory for both the employer and the
 employee. If an accommodation is no longer effective, promptly reengage in the interactive process

Please Note: BCCC is not required to provide the reasonable accommodation that the employee wants. BCCC may identify/select among reasonable accommodations as long as the identified accommodation is effective.

What is the evaluation process?

Requests for reasonable accommodations are reviewed and managed by the Department of Human Resources. Supervisors should refer employees who indicate the need for an accommodation to the Department of Human Resources. Any medical information collected is maintained in accordance with applicable confidentiality laws and regulations. The process is as follows:

- 1. HR reviews the employee request, the doctor's note, and the ADA definitions along with the supervisory recommendation.
- 2. HR may notify of the need for additional information and/or a follow-up interactive meeting to further evaluate the request.
- 3. HR informs the employee of the ADA decision and provides an official letter documenting the request and decision of the ADA Reasonable Accommodation.

Please Note: There is no single, legally mandated timeline for approving an <u>Americans with Disabilities Act</u>
(ADA) reasonable accommodation request. Human Resources is committed to providing timely notifications, updates, responses, and decisions to employees.



Americans with Disabilities Act (ADA) Reasonable Accommodation Program Overview and Request Form Employee Information

EMPLOYEE NAME:	DATE:		
DEPARTMENT:	SUPERVISOR:		
SUPERVISOR'S TITLE:			
Please describe in detail how your disability affect access an employment benefit?	ts your ability to perform your job functions or to		
What specific accommodation(s) are you request	ing?		
SIGNATURE:	DATE:		



PLEASE PROVIDE YOUR MEDICAL PROVIDER WITH YOUR JOB DESCRIPTION AND HAVE THEM FILL OUT THE NEXT PORTION OF THIS FORM.



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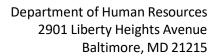
Medical Inquiry Form (completed by Employee's Physician)

To avoid delays, please review the employee's job description and write legibly	,
Employee/Patient's Name:	
_	_
Does the employee have physical or mental impairment? Yes □	No □
If yes, what is impairment or the nature of the impairment? Describe the emplethe impairment is active.	oyee's limitations when
What is the anticipated duration of the impairment?	
what is the anticipated duration of the impairment:	



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Please provide any additional information that you believe will help the College in determining, through an interactive process with the employee, whether an accommodation can be provided to assist employee in performing their essential job functions.						
Print Medical/Healthcare Professional's Name						
Medical/Healthcare Professional's Signature	 Date					
Healthcare Facility Name						