



AMERICANS WITH DISABILITIES ACT APPLICATION FOR ACCOMMODATION

The Americans with Disabilities Act of 1990, as Amended (ADA) prohibits employers from discriminating against individuals with disabilities. The ADA also prohibits retaliation against an employee for taking any action pursuant to the Act.

Definition of Disability: The ADA states that an individual is disabled if she/he:

- has a physical or mental impairment that substantially limits one or more of the individual's major life activities;
- has a record of such an impairment; or
- is regarded as having such an impairment.

Definition of Qualified Individual: The term "qualified individual with a disability" means:

- An individual with a disability,
- who can perform the "essential functions" of the employment position,
- with or without reasonable accommodation.

Employers are required to provide job accommodation to the known limitation(s) of a person with a disability, as defined by the Americans with Disabilities Act.

A job accommodation is a reasonable adjustment to a job or work environment that makes it possible for an individual with a disability to perform job duties. Determining whether to provide accommodations involves considering the required job tasks, the functional limitations of the person doing the job, the level of hardship to the employer, and other issues.

Accommodations may include specialized equipment, facility modifications, adjustments to work schedules or job duties, as well as a whole range of other creative solutions.

Self-Disclosure: In order to establish the existence of a disability and request reasonable accommodation under the ADA, an employee must complete and submit a Request for Disability Accommodation Form. The form can be submitted to Stacey Barnier (ADA Coordinator) at the Human Resources Department located in Sierra Hall 110.

A copy of the ADA Request form should be provided to your department chair or supervisor to ensure that accommodations can be made in quick and professional manner.

Please click [here](#) to access the ADA Request Form.

AMERICANS WITH DISABILITIES ACT

FACULTY & STAFF ACCOMMODATION PROCEDURES

Step 1) Documentation of Disability:

When an employee submits a Request for Disability Accommodation Form, she/he must provide, at his/her own expense, documentation for his/her disability in the form of a written evaluation by an appropriate health care provider. The employees' health care provider must describe the following:

- 1) Information regarding the employee's medical disability outlining specific medical words and terminology.
- 2) Outline the limitations caused by the disability and note recommended job accommodations.
- 3) Describe the length of time that the employee will need to have job accommodations due to his/her disability.
- 4) If a disability arise due to an incident, the employee's medical provider should explicitly clear employee to return to work.

Step 2) Temporary Accommodations:

After consultation with the employee and his/her department chair or supervisor, the ADA Coordinator, Stacey Barnier, Director of Human Resources, may provide the employee with a temporary accommodation pending receipt and evaluation of the documentation of the disability. The ADA Coordinator will notify the employee, in writing, of the temporary accommodation to be provided.

Step 3) Evaluation of Documentation:

Upon receipt of documentation from an employee's health care provider, the University will determine if the employee has a disability as defined by the ADA, and if the employee can perform the essential functions of her/his position, with or without reasonable accommodation.

Step 4) Final Determination and Notification to Staff or Faculty Members:

The University has the authority to make a determination regarding what accommodation, if any, is appropriate. When a final determination is made, the ADA Coordinator will send written notification to the employee of the determination, whether an accommodation has been granted, and if so, will specify what accommodation has been granted. The ADA Coordinator will also notify the employee's department chair or supervisor if an accommodation is to be provided to the employee.

If an employee feels that the job accommodation set forth by ADA Coordinator does not meet the medical needs of the employee, a follow up meeting can be scheduled to further discuss additional reasonable accommodations. Please contact Stacey Barnier by phone at 909-537-5952 or by email sbarnier@csusb.edu to schedule a follow-up meeting.



Employee Request for Disability Accommodation Form

Employee Name: _____ Employee ID#: _____

Home Address: _____

Home/Cell Phone: _____ Work Phone: _____

Job Title: _____ Department: _____

Supervisor's Name: _____

Reasonable accommodation under the ADA is an interactive process. In order to understand the basis and nature of your request, please answer the following questions (attach additional sheets if necessary) and submit appropriate documentation relevant to your disability.

1) Please provide a brief description of your Essential Job Functions and responsibilities.

Essential functions are the fundamental, crucial job duties performed in a position.
(For example: If you are custodian, essential job are vacuuming, sweeping, etc.)

2) Describe the disability for which you are requesting accommodation (e.g. visual impairment, physical impairment, or other.).

- *An individual with a disability is a person who :*
 - *has a physically or mental impairment that substantially limits one or more major life activity; or*
 - *has a record of such impairment; or,*
 - *is regarded as having such an impairment*

3) Describe how your disability/limitation affects your ability to perform one or more essential functions of your job.

4) What specific job accommodation is needed to perform your essential job functions?

A job accommodation is a reasonable adjustment to a job or work environment that makes it possible for an individual with a disability to perform job duties. Determining whether to provide accommodations involves considering the required job tasks, the functional limitations of the person doing the job, the level of hardship to the employer, and other issues. Accommodations may include specialized equipment, facility modifications, adjustments to work schedules or job duties, as well as a whole range of other creative solutions.

5) What other accommodations do you feel might be responsive to your request?

6) How long do you anticipate the need for an accommodation?

7) Has a physician, vocational rehabilitation specialist, or other health professional recommended a specific accommodation? No__Yes:___

If you answered yes, please attach a copy of their recommendations. If you do not have the documentation, please list the diagnostics you have had completed and with which medical provider the records reside or have your treating physician complete the "Request for Disability Accommodation Form Completed by Treating Physician".

Step 1) In addition to question 7, please attach any/all medical documents to the Employee Request for Disability Accommodation Form. This may include, but is not limited to the following:

- Functional Capacity Evaluation Report
- Prescriptions issued by your Physician / Health Care Provider
- Any other documentation relevant to your request.

Step 2) Submit documents to Stacey Barnier, ADA Coordinator:

**To: Stacey Barnier
Human Resources SH 110
5500 University Parkway
San Bernardino CA, 92407**

Confidentiality Policy:

All documentation is confidential and used by the ADA Coordinator for the purposes of consideration for ADA accommodation only and will not be placed in your employment file. Such information may be shared on a strict need-to-know basis with appropriate University administrators. When supervisors are informed of an employee's limitations and accommodations, disclosure of the employee's medical information and status as an employee with a disability to other employees is prohibited.

Employee Signature: _____ Date: _____



**Request for Disability
Accommodation Form
Completed by Treating Physician**

Physician Name: _____

Office/Business Name: _____

Office/Business Address: _____

Office Phone: _____ Email: _____

Patient Name: _____

What is the Patient Diagnosis? _____

What limitations does this diagnosis cause? _____

How does this limitation affect the patient to attend work? _____

What is the expected duration of the limitation? _____

Should the patient be prohibited from operating machinery and/or driving vehicles?

Please provide any recommendations to accommodate the patient?

Physician Signature: _____

Date: _____