

What You Need To Know About...	REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES
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PURPOSE

To outline the means by which Shepherd University will consider reasonable accommodations in accordance with the Americans with Disabilities Act, the West Virginia Human Rights Act, the Federal Rehabilitation Act of 1973, and the Shepherd University Affirmative Action Plan.

ELIGIBILITY

In order to meet eligibility requirements, an employee must be handicapped and need reasonable accommodation.

PROCEDURE

Employees must submit a Reasonable Accommodation Request form and an Americans with Disabilities (ADA) Medical Documentation Form & Physician's Statement to the Human Resources Office.

DEFINITIONS

"Reasonable accommodation" means alterations in the job, workplace and/or term of employment and other measures which will allow an otherwise qualified individual to successfully perform the essential duties of a job.

"Handicapped person" means any person who has a covered condition under the ADA. Generally, this usually means: (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

With reference to the reasonable accommodation policy, "disabled" will be interchangeable with "handicapped."

PROCESS

The University continues its commitment to reasonable accommodation for employees with disabilities based upon medical assessment of the person's capabilities to perform the essential job requirements.

However, if reasonable accommodation is not possible within the provisions of the law for his/her position, the University will consider the individual for referral to other positions within the University for which he/she applies and may otherwise qualify.

Reasonable accommodation requests for employees with disabilities could involve initial input by, but not limited to, the Director of Human Resources, a University Health Service physician and/or the individual's physician, the unit supervisor and the employee.

The University will follow applicable Federal and State guidelines and statutes as they relate to reasonable accommodation of employees with disabilities and their capabilities to perform essential job duties. A thorough review of the pertinent employability information including, but not limited to, the medical history, position description, and a functional capability report will be conducted. Resulting proposed accommodations must be reviewed and authorized by the Director of Human Resources and General Counsel, prior to implementation.

The University will analyze and respond to each medical situation on a case-by-case basis using the most current evidence available.

The University respects the confidentiality of an individual's medical condition and will make an effort to ensure that the condition of the employee will remain confidential, unless the employee requests that the information regarding his/her medical condition be released to others.

DURATION

To be determined based on the Medical Inquiry Form.

CONTINUATION OF WORK

As long as an employee maintains adequate performance of essential job duties, and the medical evidence indicates there is no health or safety risk to the employee, other employees or the public, the University will attempt to provide an environment that will allow the employee to continue working.

Shepherd University Reasonable Accommodation Request

Name: _____

Campus Address: _____

Phone: _____ Email Address: _____

Full-Time: _____ Part-Time: _____

1. What, if any, job function are you having difficulty performing?

2. What limitation (medical condition) is interfering with your ability to perform your job?

3. What specific accommodation are you requesting?

4. How will that accommodation assist you in performing your job duties?

5. Have you had any accommodations in the past for this same limitation?

Yes ☐ No ☐

If yes, what were they and how effective were they?

9. Please provide any additional information that might be useful in processing your accommodation request.

Signature: _____ Date: _____

Mail this form to the Human Resources Office, Shepherd University, P. O. Box 5000, Shepherdstown, WV 25443 or fax it to the Human Resources Office at 304-876-5197.

Shepherd University Americans with Disabilities (ADA) Medical Documentation Form & Physician's Statement

Employee's Name: _____

What is the medical condition (limitation) of the employee which requires a job accommodation?

What is the treatment plan for the medical condition (limitation) of the employee AND what is the duration of that treatment plan?

What if any job function does this employee have difficulty performing due to the employee's above referenced medical condition (limitation)?

What specific job accommodation are you recommending for the employee?

How will the accommodation you are recommending assist the employee in performing the job?

Please provide any additional information that might be useful to Shepherd University in evaluating the employee's ADA accommodation request.

Physician's Signature (Must be signed by physician, not staff)

Date

Name of Physician (please print)

Physician's Phone Number

Physician's Address

I hereby grant permission for my medical records to be released to the Human Resources Office, Shepherd University, P. O. Box 5000, Shepherdstown, WV, 25443. (Phone 304-876-5299; Fax 304-876-5197)

Employee's Signature

Date