

## Reasonable Accommodations

<b>Objective:</b>	To create a process wherein reasonable accommodations are provided to applicants and employees as required under Federal and State law.	<b>Policy/Procedure Number:</b>	02-44
<b>Reference:</b> <i>(All applicable federal, state, and local laws)</i>	Rehabilitation Act of 1973; Americans with Disabilities Act (1990); ADA Amendments Act of 2008; New York State Executive Law (Human Rights Law), Article 15; U.S. Employment Equal Opportunity Commission; New York Code of Rules and Regulations (NYCRR) §452.2 and 466.11; Title VII of the Civil Rights Act of 1964; New York State Domestic Violence Prevention Act	<b>Effective Date:</b>	June 16, 2020
<b>Legislative Policy Statement:</b>	Tompkins County government is committed to ensuring equal employment opportunity without discrimination based on disability (physical, mental, or medical), pregnancy-related condition, religion, or domestic violence victim status to qualified individuals. The goal of this policy and procedure is to create a more inclusive environment and ensure applicants and employees can readily and efficiently request reasonable accommodations when necessary to apply, test, or interview for a position, to perform the essential functions of their job, access benefits and privileges of employment, and/or are able to balance work responsibilities while also being faithful observers of their religion.	<b>Responsible Department:</b>	Human Resources
<b>General Information:</b>	Under the New York State Executive Law (Human Rights Law), the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964, and the New York State Domestic Violence Prevention Act, an employer must make a reasonable accommodation for an applicant or employee with a known disability (physical, mental, or medical), pregnancy-related condition, religious belief, religious practice, or to those who are victims of domestic violence unless the employer can show that the accommodation would cause a direct threat or undue hardship on the operation of its business. Reasonable accommodations may include, but are not limited to assistive technology, training, modified or temporary work schedules, flexible work breaks, elimination of non-essential job functions, leave time or reassignment. Individualized assessment must be conducted for each accommodation request.	<b>Modified Date (s):</b>	
<b>I. Definitions:</b>	<p><b>Direct Threat</b> - A risk or danger to the health and safety of individuals in the workplace. <i>For example, an employee with epilepsy who operates a plow truck and has a history of seizures might pose a direct threat to their or someone else's safety.</i></p> <p><b>Domestic Violence</b> - Violent or abusive behavior directed by one family or household member against another that attempts to cause or has caused physical or emotional harm. Such behaviors may include but are not limited to, acts constituting disorderly conduct, harassment, sexual misconduct, forcible touching, sexual abuse, stalking, criminal mischief, menacing, reckless endangerment, kidnapping, assault, attempted murder, criminal obstruction of breathing or blood circulation, strangulation, identity theft, grand larceny or coercion.</p> <p><b>Domestic Violence Victims</b> - Any person sixteen (16) years of age or older, any married person or any parent accompanied by his or her minor child or children in situations in which such person or such person's child is a victim of an act which would constitute a violation of the Penal Law, including, but not limited to acts constituting disorderly conduct, harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted murder; and</p>	<b>Resolution No.:</b>	2020-109
		<b>Next Scheduled Review:</b>	June 2025

- (1) such act or acts have resulted in actual physical or emotional injury or have created a substantial risk of physical or emotional harm to such person or such person's child; and
- (2) such act or acts are or are alleged to have been committed by a family or household member. Family or household members means the following individuals:
  - (i) persons related by blood or marriage;
  - (ii) persons legally married to one another;
  - (iii) persons formerly married to one another regardless of whether they still reside in the same household;
  - (iv) persons who have a child in common regardless of whether such persons are married or have lived together at any time;
  - (v) unrelated persons who are continually or at regular intervals living in the same household or who have in the past continually or at regular intervals lived in the same household; or
  - (vi) unrelated persons who have had intimate or continuous social contact with one another and who have access to one another's household.

**Essential Job Functions** - Those functions fundamental to the position. A function is essential if not performing that function would fundamentally change the job or occupation for which the position exists. What is an essential function is a factual question to be determined considering all relevant evidence.

Factors indicating essential functions include, but are not limited to:

- The employer's judgment as to which functions are essential, particularly where indicated in job descriptions or where there are clearly specified standards;
- How often the function is actually performed by other similar employees in the position;
- The direct and specific consequences for the employer if the function is not performed by the employee; and
- Applicable terms of a collective bargaining agreement.

**Individual with a Disability** - A person who has a physical, mental, or medical impairment that limits one or more of the major life activities or normal bodily functions; a person who has a record or history of such an impairment (These individuals are protected from discrimination, but only current impairments need to be reasonably accommodated); or a person who is perceived by others as having such an impairment (Persons who have a condition regarded by others as an impairment, or who are incorrectly perceived as having an impairment, are also protected from discrimination. However, only actual and current impairments need to be reasonably accommodated).

**Interactive Process** - A required informal discussion and information exchange between an employee who requests an ADA reasonable accommodation and their Supervisor, Department Head, and/or Department of Human Resources. This process determines the need for an accommodation, if it is not obvious, as well as an effective reasonable accommodation.

**Medical Documentation** - Information obtained from the treatment provider related to an accommodation request (e.g. doctor, social worker, rehabilitation

counselor, etc.) that indicates the employee has a disability and what functional limitations of the employee exist, and the necessity of an accommodation.

**Physical, Mental or Medical Impairment** - Resulting from anatomical, physiological, genetic or neurological conditions which prevent the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques.

**Pregnancy-Related Condition** - A medical condition related to pregnancy or childbirth that inhibits the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques. While pregnancy-related conditions are treated as temporary disabilities under New York State Human Rights Law, these conditions do not need to meet any definition of disability to trigger the right to a reasonable accommodation for qualified individuals with pregnancy-related conditions.

**Qualified Individual with a Disability or Pregnancy-Related Condition** - A person with a disability or pregnancy-related condition who, as defined above, can reasonably perform the activities involved in (i.e., the essential functions of) the job, and who satisfies the requisite skill, experience, education and other job-related requirements of the position which the individual holds or desires.

**Reasonable Accommodation** - Any change in a rule, policy, or practice of the County, or a modification or acquisition of equipment or tools which permit an employee or prospective employee with a disability, pregnancy-related condition, impairment, religious beliefs and/or practices to participate in the hiring process or perform in a reasonable manner the activities involved in the job or occupation sought or held however, that such actions do not impose an undue hardship on the County.

Reasonable accommodations may be temporary or permanent and may include, but are not limited to:

- Modifications to existing facilities
- Job restructuring
- Part-time or modified work schedules
- Acquiring or modifying equipment
- Changing tests, training materials, or policies
- Providing qualified readers or interpreters
- Reassignment to a vacant position
- Reasonable time off accommodations

**Religious Belief** - Faith or conviction in a system of principles or worship relating to the sacred and uniting its adherents in a community, to include theistic beliefs (i.e. those that include a belief in God) as well as non-theistic moral or ethical beliefs about right and wrong that are sincerely held with the strength of traditional religious views.

**Religious Practice** - A collection of behaviors that religious people perform as part of the conduct of their religion. This includes, but is not limited to rituals, worship services, prayer, meditation, dietary restrictions, religious holiday observation, dress, and appearance requirements.

**Undue Hardship** - A significant difficulty or expense incurred by an employer with respect to the provision of an accommodation. A determination of undue hardship

is made on a case-by-case basis, and should be based on several factors including, but not limited to:

- The nature of the employee's duties and any applicable collective bargaining agreements;
- The nature and cost of the accommodation needed;
- The overall financial resources of the facility making the reasonable accommodation; size, number of persons employed, location, the effect on expenses and resources available;
- The type of operation of the employer, including the structure and functions of the workforce, the geographic separateness, and the administrative or fiscal relationship of the facility involved in making the accommodation to the employer;
- The impact of the accommodation on the operation of the department and effect on workplace safety; or
- Whether the proposed accommodation conflicts with other laws.

**II. Policy:**

- A.** Tompkins County shall provide reasonable accommodations to qualified individuals who are applicants and current employees with a known disability, pregnancy-related condition, impairment, religious belief, religious practice, or to domestic violence victims when needed:
1. To apply, test, or interview for a position; or
  2. To perform the essential functions of their job; or
  3. To have equal access to benefits and privileges of employment (e.g. trainings, rates of pay or other compensation, advancement, classification, transfer and reassignment, promotions, participating in County-sponsored events, etc.); or
  4. To follow their religious beliefs; or
  5. To seek medical care for injuries caused by domestic violence, obtain services from a domestic violence shelter, program, or rape crisis center, obtain psychological counseling, participate in safety planning or to take other actions to increase safety from future incidents of domestic violence, obtain legal services, assist in the prosecution of the offense, or appear in court in relation to an incident of domestic violence. (These all apply when sought for the employee themselves or a child of the employee)
- B.** If providing the accommodation would impose a direct threat or undue hardship on the operation of the County or its Departments, the County is not required to provide an accommodation. Undue hardship is always determined on a case-by-case basis. Supervisors and/or Department Heads will work in conjunction with the Department of Human Resources to determine if an undue hardship exists.
- C.** Tompkins County must not make pre-employment inquiries with regard to the existence of a disability, pregnancy-related condition, religious belief/practice, domestic violence victim status, or the need for accommodation. The County should provide information to applicants and new employees as to their rights with regard to reasonable accommodations and as to procedures to be followed in requesting reasonable accommodations.

- D. Tompkins County shall advise all current employees as to their rights regarding reasonable accommodations for disability, pregnancy-related conditions, religious beliefs, religious practices, and/or domestic violence victim status, and as to procedures to be followed in requesting reasonable accommodation.
- E. The applicant or employee is responsible for making a disability, pregnancy-related condition, religious beliefs, religious practices, and/or domestic violence victim status, and need for accommodation known to the County, as the County is subject to strict legal limitations with regard to making inquiries about the medical conditions, religion, or domestic violence victim status of an employee. **An applicant or employee has the right to request an accommodation at any time.**
- F. To be entitled to disability or pregnancy-related reasonable accommodations, one must be a qualified individual with a disability or pregnancy-related condition (as defined above) as well as, with or without accommodations, be able to attain “reasonable performance” (i.e. perform the essential job functions of the position). To be entitled to religion-related reasonable accommodations, individuals must sincerely hold religious beliefs. Protected religious beliefs include not only those of traditional, organized religions, but also beliefs that are not part of a formal religion or sect, even if practiced by relatively few people or that are not “required” by the religion. To be entitled to domestic violence-related reasonable accommodations, individuals must be considered a domestic violence victim (as defined above) and may not be the alleged perpetrator. An employee who is an alleged perpetrator of an act which constitutes domestic violence is not entitled to accommodations or leave under this policy.
- G. As per the NYS Human Rights Law, not every disability covered under the law will require the consideration of reasonable accommodations. Only those disabilities which actually impede the individual in performing the job (i.e. the essential job functions) will give rise to a consideration of accommodation. This is understood to include those situations in which the job impedes the individual's recovery or ability to obtain treatment, and accommodation can make recovery or treatment possible while the individual continues to be employed.

### III. Procedure:

#### A. Accommodation Requests

##### 1. *Employee Responsibilities*

- a. An employee may request a reasonable accommodation from their Supervisor, Department Head and/or Commissioner of Human Resources for:
  - i. Disability or pregnancy related conditions;
  - ii. Religious beliefs or practices;
  - iii. Domestic violence concerns

Requests can be made verbally or in writing through the appropriate “Reasonable Accommodation Request Form” (Appendix A-C). Forms can be found at <https://tompkinscountyny.gov/personnel/benefits>.

##### 2. *Supervisor Responsibilities*

- a. When a Supervisor or Department Head receives a request, they are

responsible for beginning the required interactive process as soon as practicable, preferably **within five (5) business days** after the request is made, to begin discussing the accommodation request. However, if an employee is requesting a domestic violence accommodation, the discussion must occur **immediately**. The Department of Human Resources must be consulted or included in the discussions during the process.

- b. If an employee makes a verbal request, the Supervisor and/or Department Head must document it on the applicable *“Reasonable Accommodation Request Form”*.
- c. Supervisors and/or Department Heads are responsible for maintaining documentation during the process, including but not limited to request forms and notes for all accommodations considered, implemented, or denied. However, **all medical documentation will be sent to and retained by the Department of Human Resources**. Once an accommodation request decision has been met, all documentation will be forwarded to the Department of Human Resources for retention.
- d. The County will retain all documentation for a **minimum of three (3) years** after the final resolution of an accommodation request or termination of any accommodation provided.

### 3. *Applicant Responsibilities*

- a. A job applicant may request, verbally or in writing, an accommodation from the Department of Human Resources to assist with applying, testing, or interviewing for a position. Although not required, accommodation requests should be made verbally or in writing **at least two (2) weeks prior** to the date an accommodation is needed whenever possible to ensure the accommodation can be in place in time. A request for an accommodation may be required for each stage of the hiring process.
- b. The Department of Human Resources will discuss with the applicant the needed accommodation and possible solutions and/or alternatives. Wherever possible, the Human Resources Department will provide a reasonable accommodation and take the necessary steps to see that the accommodation is provided to a qualified applicant that will enable the individual to have an equal opportunity to participate in the hiring process and to be considered for a job, unless the County can show a direct threat or undue hardship.

## **B. Beginning the Interactive Process or Accommodation Discussion**

### 1. *Employee Responsibilities*

Once a reasonable accommodation request has been made, the employee is responsible for:

- a. Participating in an interactive discussion with their Supervisor, Department Head, and/or Department of Human Resources regarding difficulties the employee may be having or functional limitations and

suggesting reasonable accommodation possibilities that can be explored.

- b. Cooperating with management efforts to identify effective accommodations, if necessary.
- c. Promptly providing supporting medical documentation from a healthcare professional (if needed), to verify the existence of the physical and/or mental impairment to be accommodated and how it relates to the essential functions of the position.

**Note:** Medical documentation will only be requested when the disability or needed accommodation is not obvious or already known. Medical documentation should be directly provided to the Department of Human Resources. *(For more information regarding medical documentation, see Section B.3)*

- d. Recognizing that the County is entitled to and if asked for medical documentation for ADA accommodation requests, the employee's request for reasonable accommodation may be denied for failure to provide sufficient documentation.

The County reserves the right to request supplemental medical documentation which includes:

- The nature, severity, and duration of the individual's impairment;
- The activity or activities that the impairment limits;
- The extent to which the impairment limits the individual's ability to perform the activity or activities; and
- Why the individual requires reasonable accommodation, or the particular reasonable accommodation requested, as well as how the reasonable accommodation will assist the individual to apply for a job, perform the essential functions of the job, or enjoy a benefit of the workplace.

**Note:** All medical information is confidential.

- e. If a domestic violence-related request for accommodation has been made, the employee is responsible for:
  - i. Cooperating with management efforts and recognize that the County reserves the right to ask for documentation of the need for leave where reasonable notice has not been provided in the form of a police report, court order, or documentation from a medical professional, advocate, or counselor. To the extent consistent with applicable law, employers are required to maintain confidentiality of any information regarding an employee's status as a victim of domestic violence.
  - ii. Recognizing that if requested, the employee must promptly provide supporting documentation and that the employee's request for reasonable accommodation may be denied for failure to provide sufficient documentation.

- iii. Understanding that any time off accommodations may be charged against available paid leave (other than disability leave), otherwise the time off may be unpaid. Employees are entitled to continuation of existing health insurance coverage during any such absence.

## 2. *Supervisor Responsibilities*

- a. Supervisors and/or Department Heads are responsible for taking the steps necessary to evaluate the request for reasonable accommodation in consultation with the Department of Human Resources. This may include communicating with the employee to clarify the nature, severity, and duration of the individual's impairment; the activity or activities that the impairment limits; the extent to which the impairment limits the individual's ability to perform the activity or activities; and/or why the individual requires the particular reasonable accommodation requested, as well as how the reasonable accommodation will assist the individual to perform the essential functions of the job, or enjoy a benefit of the workplace.
- b. If a Supervisor or Department Head receives information that an employee is requesting a domestic violence accommodation, the person that received the request is responsible for reviewing the request immediately and to begin discussing the accommodation request. This includes communicating with the employee to clarify that the request is for a qualifying reason and the necessary leave requested to effectively evaluate the request. The Department of Human Resources must be consulted or included in the discussions during the process.
- c. The Supervisors and/or Department Heads are required to grant employees who are victims of domestic violence with reasonable time off unless the employee's absence would constitute an undue hardship on the County.

Additionally, accommodations other than leave may be provided to a domestic violence victim upon request where doing so would not create an undue hardship, including:

- i. Schedule modifications;
  - ii. Relocating the employee in a different work area or location due to safety concerns; or
  - iii. Providing the employee a new work telephone number.
- d. The interactive process may be conducted before approval of a reasonable accommodation but **must always** be conducted before there is a denial of a request for reasonable accommodation or an offer of an alternative accommodation.
  - e. In order to evaluate the request, Supervisors and/or Department Heads shall confer with the Department of Human Resources to determine if there is a need to request additional medical documentation. Medical documentation should be directly submitted to the Department of Human Resources.



- f. If additional information or medical documentation is needed to continue with the evaluation process and before an accommodation decision can be made, the employee must be provided a written request from the Department of Human Resources via the *“Additional Documentation Request Letter” (Appendix D)* **no later than ten (10) business days** after the initial accommodation request was received. Such additional information must truly be necessary to complete the process, and includes, but is not limited to information regarding the specific functional limitations of the individual, medical documentation, and/or information regarding specific type or types of accommodations that might be effective.
- g. Supervisors, Department Heads, and/or the Department of Human Resources must attempt to accommodate religious practices. Accommodations of religious practices often include scheduling changes, exceptions to dress codes, or designation of a location for prayer during the workday. If agreeable to both parties, accommodations may include lateral transfers or changes to job requirements.
- h. NYS law requires the County to permit employees to observe holy days unless doing so would create an “undue hardship”. Although not required by law, the affected department may adopt flexible leave and scheduling policies to allow employees to meet their religious needs (i.e. flexible arrival and departure times, flexible break times, switching shifts with another coworker).

### 3. *Medical Documentation*

- a. Requesting medical documentation must only be for purposes of establishing the existence of a disability or pregnancy-related condition, to show the employee needs a reasonable accommodation or to help determine effective options. Accordingly, the documentation should identify the specific functional limitations imposed by the disability or pregnancy-related condition, the precise job limitations imposed, and if it is believed that the employee can perform their job without posing an identifiable, current risk to the safety and health of themselves or others.
- b. Any medical documentation submitted may be used only to evaluate the employee's request for accommodation. The County may not use documentation obtained during this process or the refusal to submit to the medical examination as a basis for taking any adverse personnel action.
- c. A request may be made to an employee's physician to provide medical documentation via the *“Medical Verification Form” (Appendix E)* or provided a letter on official letterhead from a healthcare professional of the disability. This request may also include a list of questions relevant to the accommodation to give to the health professional.

**Note:** If the disability or need for accommodation is obvious or adequate medical documentation has already been provided

for other reasons (i.e. Family Medical Leave Act, Workers Compensation), no further medical documentation will be required.

- d. The County may have the medical documentation reviewed by its own medical expert at its own expense.
- e. In a situation where the disability or the need for accommodation is not obvious, and the County finds that based on its criteria, the need for an accommodation or the exact functional limitations are still not clearly established after documentation was provided by the employee's own medical professional, the County may require the employee to submit to a medical examination by an appropriate medical professional designated by the County at its own expense.
- f. If the employee's disability or need for reasonable accommodation is not obvious, and the employee fails to submit documentation or refuses to submit to a medical examination required by the County, and such information or documentation is necessary to complete the reasonable accommodation process, then the County may deny the requested accommodation.

**Note:** All confidential information received pertaining to an employee's request shall be handled as such. All medical information is confidential and maintained separately from personnel records.

### **C. Evaluating a Request after the Interactive Process or Accommodation Discussion**

#### **1. Supervisor Responsibilities**

- a. Supervisors and/or Department Heads in consultation with the Department of Human Resources, are responsible for deciding whether to grant or deny employee requests for reasonable accommodation. They need to consider the following criteria in evaluating an accommodation request.
  - i. **Essential Job Functions** - Analyze the job requirements and identify the essential and non-essential job functions. A Job function is essential if the job exists to perform that function.
  - ii. **Employee Limitations** - Identify job-related and scheduling limitations by consulting with the employee or applicant and, if relevant, by reviewing the medically documented functional limitations.
  - iii. **Impact Assessment** - Assess whether or not the proposed accommodation poses a direct threat or undue hardship on the County. In assessing the impact of an accommodation, a few items must be considered: risk and safety factors; nature and cost of the accommodation; financial resources; number of people employed in the same position or similar job function; impact on operations; whether the accommodation conflicts with collective

bargaining agreements or other laws, and impact on the County.

- b. Once a request is made and after consulting with the employee's Supervisor and/or Department Head, the Department of Human Resources has **up to ten (10) business days** from the receipt of a request to provide written notification to the employee of whether or not an accommodation has been approved or denied.

"Reasonable Accommodation Approval Letter" (Appendix F) and "Reasonable Accommodation Denial Letter" (Appendix G) can be found below.

**Note:** Domestic Violence requests are excluded from the recommended time frames to evaluate requests, provide approval/denial notification to employees, and/or appeal reviews, as such requests are typically severe in nature and must be given immediate attention.

- c. If additional documentation is required, the Department of Human Resources has **up to ten (10) business days** from when the documentation was received to provide written notification to the employee of whether or not an accommodation has been approved or denied.
- d. The Supervisor, Department Head, and/or Department of Human Resources are not required to grant a specific accommodation requested by an individual, as long as the accommodation offered meets the employee's medical or religious needs.

If no reasonable accommodation is available (i.e., an open position to which the employee could be assigned), the employer would not violate the ADA by not providing a reasonable accommodation as there is none available to reduce or negate a direct threat.

#### **D. Approving, Implementing, and Evaluating an Accommodation**

##### *1. Supervisor Responsibilities*

- a. The time frame for providing a disability, pregnancy condition, or religion related reasonable accommodation, if the request is approved, is as soon as possible but **no later than thirty (30) business days from the date of approval notification**. The time frame for providing a domestic violence-related reasonable accommodation, if the request is approved, is immediately after request is received and reviewed as these cases are typically an emergent situation.
- b. If there are delays in acquisition of necessary equipment, an alternative, interim plan will be formed and put in writing until parts or equipment can be acquired to fulfill the accommodation request.
- c. The employee's Department is responsible for purchasing and/or implementing the accommodation with consultation of the Department of Human Resources.
- d. Identifying an effective solution may require that the Supervisor allows the employee to try more than one accommodation. The employee's

preference should be considered, but the County will make the final decision on what is or is not a reasonable accommodation and what accommodation will be put in place.

- e. If more than one alternative is identified as an effective accommodation, the County may choose the accommodation that best meets its needs. However, whenever possible, the County should take into consideration the employee's preferences.
- f. The Supervisor and/or Department Head must ensure that equipment is properly installed, that schedule changes or policy modifications/exceptions are implemented, or that needed services are provided.
- g. The Supervisor and/or Department Head must give adequate time to the employee to adjust to working with the accommodation before performance is evaluated.
- h. The Supervisor and/or Department Head must monitor the accommodation to ensure that it is effective for the employee, in consultation with the Department of Human Resources. This includes ongoing communication with the employee to ensure that the accommodation is helping to overcome the functional limitations or ensure religious practices are being accommodated, that equipment is maintained, that the policy modification is in place, or that services are provided.

## 2. *Employee Responsibilities*

- a. Employees must communicate with their Supervisor and/or Department Head around the effectiveness of the accommodation.

## **E. Denial of a Request**

### 1. *Supervisor Responsibilities*

- a. To consider a denial of an accommodation request, the Supervisor and/or Department Head **must** consult with the Department of Human Resources.
- b. Denial of requests for reasonable accommodation must specifically explain the reasons a request was denied (e.g., what additional medical documentation is needed to establish that the individual has a disability or needs reasonable accommodation, the inability to find an effective accommodation needed to complete the essential functions of the job, safety concerns, or why the accommodation would pose an undue hardship or direct threat).
- c. If the County determines that no reasonable accommodation will permit the employee to perform the essential functions of their current position or would cause a direct threat or undue hardship to the County, reassignment may be considered as a reasonable accommodation.

#### **F. Contest or Appeal of a Denial for a Request for a Reasonable Accommodation**

1. An employee may contest or appeal a denial by submitting additional supporting documentation or an alternative reasonable accommodation reconsideration request to the Department of Human Resources **within ten (10) business days** of receiving a denial notification. The Department of Human Resources is required to respond to the new request or reconsideration **within ten (10) business days of receipt** and issue a final decision.

#### **G. Change to an Accommodation**

1. Any changes in circumstances, whether in the employee's conditions, religious practices, domestic violence status, or in workplace factors, may warrant a re-evaluation of the accommodation. This may be initiated verbally or in writing by the employee, a family member or representative of the employee (for disability only), the Supervisor, Department Head and/or the Human Resources Department.
2. Any change or re-evaluation must be documented by the Supervisor, Department Head, and/or the Department of Human Resources.



# Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov  
*Inclusion through Diversity*

## ADA REASONABLE ACCOMMODATION REQUEST FORM

(Submit to Supervisor, Department Head or Commissioner of Human Resources)

This form is to be used by Tompkins County employees. By completing this form, the County employee recognizes the need for, and is therefore requesting, an accommodation per the Americans with Disability Act of 1990 (as amended) and New York State Human Rights Law. Completion of this form, and all the content herein, is to remain confidential between the employee, Supervisor, Department Head, and/or Department of Human Resources.

Employee Name: \_\_\_\_\_ Phone (home/work): \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**1. Do you currently have a limitation or condition that is interfering with your ability to perform your job?**

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**2. What job function or task(s) are you having difficulty performing?**

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**3. Requested accommodations:** Please describe in as much detail as possible the accommodation(s) you believe are needed to enable you to perform the essential functions of this job.

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**4. Please describe how the requested accommodations will assist you in performing the essential functions of your job?**

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**5. Is your request time sensitive?**       Yes       No

**6. Physician contact information:** Please provide name, address, telephone and fax numbers. The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.

Physician Name: \_\_\_\_\_

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

Physician Phone: \_\_\_\_\_

Physician Fax: \_\_\_\_\_

I understand that all the information obtained by my employer during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide my employer with medical documentation about my condition, its functional limitations, and appropriate accommodations; and may be required to undergo a physical examination to ascertain my ability to perform the essential functions of my job. I hereby authorize the release of necessary confidential medical information to the Department of Human Resources as deemed necessary.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[To signatory: In non-physician review cases, decisions regarding accommodations will be made within ten (10) business days of the receipt of this form. Due to delays that may be caused in communications with physicians, no specific decision date can be provided for physician review cases, only that decisions regarding accommodations will be made within ten (10) business days from the receipt of medical documentation.]*

For Human Resources Use Only

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Received by: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Attachment B



**Tompkins County Department of Human Resources**

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov  
*Inclusion through Diversity*

**RELIGIOUS REASONABLE ACCOMMODATION REQUEST FORM**

**(Submit to Supervisor, Department Head or Commissioner of Human Resources)**

This form is to be used by, or in favor of, the Tompkins County employee. By completing this form, the County employee recognizes the need for, and is therefore requesting, an accommodation per the Civil Rights Act of 1964 (Title VII) and the New York State Human Rights Law. Completion of this form, and all the content herein, is to remain confidential between the employee, Supervisor, Department Head, and/or Department of Human Resources.

Employee Name: \_\_\_\_\_ Phone (home/work): \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**1. Please specify the religious belief, practice, or observance that is the basis for your request for accommodation.**

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**2. Please specify the work requirement that conflicts with the religious belief, practice, or observance described above and explain the nature of the conflict.**

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**3. Please describe the specific accommodation(s) that you are requesting at this time, including an explanation of how the requested accommodation(s) will enable you to meet your religious obligations without impacting your ability to meet the required/essential functions of your job.**

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**4. What are some other accommodation options that might address your needs?**

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**5. Additional Comments and/or information (if any):**

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I understand that all the information obtained by my employer during this process will be maintained and used in compliance with all Federal and State confidentiality requirements. I also understand that I may be required to provide my employer with information about religious practices, habits, or observances, and appropriate accommodations.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[To signatory: Decisions regarding accommodations will be made within ten (10) business days of the receipt of this form. In the event of a delay that may be caused due to the need for additional conversation or documentation, accommodations will be made within ten (10) business days from the receipt of the additional documentation.]*

For Human Resources Use Only

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Received by: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Attachment C



# Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov  
*Inclusion through Diversity*

## DOMESTIC VIOLENCE REASONABLE ACCOMMODATION REQUEST FORM

(Submit to Supervisor, Department Head or Commissioner of Human Resources)

This form is to be used by, or in favor of, the Tompkins County employee. By completing this form, the County employee recognizes the need for, and is therefore requesting, an accommodation per the New York State Human Rights Law and New York State Domestic Violence Prevention Act. Completion of this form, and all the content herein, is to remain confidential between the employee, Supervisor, Department Head, and/or Department of Human Resources.

Employee Name: \_\_\_\_\_ Phone (home/work): \_\_\_\_\_

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date of Request: \_\_\_\_\_

1. The crime of domestic violence was committed against me (victim) by a family or household member (defendant). The defendants relation to me is: (Check appropriate box)

- Current or former Spouse/Domestic Partner/Significant Other
- We are or were engaged in romantic or intimate relationship
- We have a child in common (Pregnant or Born)
- Related by blood or court order
- Related by marriage (step or in-law)
- Other individual residing or has resided in the same household
- The domestic violence victim is my minor child (natural, adoptive, foster, step)

2. Please specify the circumstance that is the basis for your request for accommodation.

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3. Please describe the specific accommodation(s) that you are requesting at this time.

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4. Additional Comments and/or information (if any):

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I understand that all the information obtained by my employer during this process will be maintained and used in compliance with all Federal and State confidentiality requirements. I also understand that I may be required to provide my employer with information about the need for leave in the form of medical or legal documentation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Human Resources Use Only

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Received by: \_\_\_\_\_ Reviewed By: \_\_\_\_\_



## Additional Documentation Request for Reasonable Accommodation

Dear **[Insert Name of Employee]**,

We have reviewed the information provided by you regarding your request for a reasonable accommodation under the Americans with Disabilities Act and New York State Human Rights Law. We met with you on **[insert date]** to discuss your situation, your job requirements, your suggestions, and your possible needs to help you do your job more efficiently and effectively.

In order to thoroughly consider your request for reasonable accommodation, we are requesting that additional medical verification and/or documentation be provided by a healthcare professional.

Your healthcare provider may use the enclosed "Medical Verification Form" or provide a letter on official letterhead. The documentation should identify the specific functional limitations imposed by the physical and/or mental disability, the precise job limitations imposed by the disability, and how the proposed accommodations will enable you to continue performing the essential duties of your position.

Let us know if you have any questions, concerns, or other needs. We are committed to assisting our employees to become as productive as they can be.

Sincerely,

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**[Human Resources Representative Name]**

**[Title]**



## Medical Verification Request for Information Regarding Disability Status for Employee

Dear [Insert name of medical professional],

An employee of Tompkins County, [insert employee name], has requested a work accommodation. [insert employee name] informs us that they are a patient of yours. We are seeking, with the employee's permission, additional information regarding the medical condition that may be impacting their work.

[Insert employee name] is employed as a [insert job title]. The position entails [insert job description] requiring [insert physical or mental requirements or conditions of the job]. They are requesting a job accommodation due to [insert summary of medical condition].

We are concerned about the employee's ability to do the job and to perform it without risks to health and safety. Therefore, we would like your opinion to assist us in determining whether the employee:

1. Has a disability covered under the Americans with Disabilities Act (ADA) and, if so;
2. If a reasonable accommodation is required.

We have enclosed a form that we would like you to complete. Please add any additional information that may assist us in our review of the case. We have also enclosed a copy of the employee's job description which may be helpful to you in understanding of the employee's work situation. Note that our request is limited to medical information related only to the employee's accommodation request. General health information or that involving other medical conditions is not wanted or requested.

*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 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 reproductive services.*

A signed employee authorization to release information is included. Please send the completed form to **Tompkins County Department of Human Resources at 125 E. Court St. 1<sup>st</sup> Floor Ithaca, NY 14850**. A self-addressed envelope marked "confidential" is included for your use. The form can also be faxed to (607) 274-5401 or e-mailed to [personnel@tompkins-co.org](mailto:personnel@tompkins-co.org) Feel free to call the Human Resources Department at (607) 274-5526 with any questions you may have.

Thank you for your time and cooperation.

Sincerely,

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[Human Resources Representative Name] [Title]

## Information Regarding Disability Status of Employee

Employee Name Requesting Accommodation: \_\_\_\_\_

Medical Condition Provided: \_\_\_\_\_

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

### Authorization to Release Medical Information

I hereby authorize medical information, records or documents relating to this request to be provided to the Tompkins County Department of Human Resources. This information will be used for the purpose of my employer reviewing and determining eligibility for a reasonable accommodation, as provided by Federal and State law.

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

### Medical Information Questionnaire (to be completed by physician or other health professional)

To be disabled under the ADA, an employee must have a physical, mental, or medical impairment that substantially limits a major life activity.

**1. Does the above-mentioned employee/patient have a current physical, mental, or medical impairment that may impair their ability to do their job? (We are not interested in impairments that don't impact the job.)**

- Yes
- Physical or medical impairments may include but are not limited to cosmetic disfigurements, pregnancy-related conditions, or anatomical loss. Mental impairments include psychological disorders or conditions, such as intellectual disability, organic brain syndrome, emotional and mental illness, and specific learning disabilities.)
  - Periodic and episodic disorders are covered under ADA. Impairments in remission may also be covered if they would substantially limit a major activity when active.

- No If no, please explain below. You may skip the remaining questions. Please sign and return this document.

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

**2. If you answered "Yes" to number 1 above, please describe the nature of the impairment and how long is the impairment expected to last.**

Name of Impairment: \_\_\_\_\_

Expected Duration: \_\_\_\_\_

Description and \_\_\_\_\_

Symptoms  
of Impairment:

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**3. Does the impairment affect one or more major life activities?**

- Yes
- A major life activity is something than an average person can perform with little or no difficulty, including, but not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.
  - Major life activities also include the operation of “major bodily function.’ Those functions include such things as functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions.
- No     If no, you need not answer any more questions.

**4. If you answered yes, to number 3 above, please describe the major life activity affected.**

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**5. Do you have any recommendations regarding how we could accommodate the employee’s condition and enable them to perform the essential functions of the job?**

- Yes     If yes, please explain.
- 
- No
- 

**6. Do you believe the employee can perform their job without posing an identifiable, current risk to the safety and health of themselves or others?**

- Yes
- No     Please explain your concerns and the nature of the risk.
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7. Please add any additional comments that may help us assess the employee's situation.

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Thank you for your assistance. Please complete the information and sign below. Please mail your response in the enclosed envelope as soon as possible as the employee has a pending accommodation request.

Physician Name: \_\_\_\_\_ Specialty / Practice Area: \_\_\_\_\_

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

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

For Human Resources Only	
Date Received: _____	Date Reviewed: _____
Received by: _____	Reviewed By: _____





## Request for Reasonable Accommodation Approval

Dear **[Insert Name of Employee]**,

We have reviewed the information provided by you and/or your healthcare provider regarding your request for a reasonable accommodation under the Americans with Disabilities Act and the New York State Human Rights Law. We met with you on **[insert date]** to discuss your situation, your job requirements, your suggestions, and your possible needs to help you do your job more efficiently and effectively.

We have approved the following accommodation(s):

**[List accommodations]**

We believe that these will be effective given your needs and our operational requirements. These accommodations will be effective on **[date or timeframe]**. Your Supervisor and/or Department Head has been informed of this decision and will assist you with their implementation.

If your accommodation(s) was granted for a specific period of time, you must contact the Department of Human Resources at the end of that period if an extension is needed. Should either your condition or the nature of the essential job functions change for the position, and this accommodation is no longer necessary or requires modification, please notify the Department of Human Resources immediately and we will reevaluate your request.

Let us know if you have any questions, concerns, or other needs. We are committed to assisting our employees to become as productive as they can be.

Sincerely,

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**[Human Resources Representative Name]**

**[Title]**



## Request for Reasonable Accommodation Denial

Dear **[Insert Name of Employee]**,

We have reviewed the information provided by you and/or your healthcare provider regarding your request for a reasonable accommodation under the Americans with Disabilities Act and the New York State Human Rights Law. We met with you on **[insert date]** to discuss your situation, your job requirements, your suggestions, and your possible needs to help you do your job more efficiently and effectively.

Your request for a reasonable accommodation is denied due to the following reason(s):

**[List denial reasons]**

You may contest/appeal this denial within ten (10) business days from receiving this notice denial by submitting additional supporting medical documentation or an alternative reasonable accommodation reconsideration request to the Department of Human Resources. You will be notified in writing of the appeal decision within ten (10) business days of the Department of Human Resources receiving the new request.

Whether or not you participate in an informal dispute resolution as described above, you have the right to file a formal complaint with the New York State Division of Human Rights, Equal Employment Opportunity Commission, or any appropriate Federal oversight agency under the American with Disabilities Act.

Let us know if you have any questions, concerns, or other needs. We are committed to assisting our employees to become as productive as they can be.

Sincerely,

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**[Human Resources Representative Name]**

**[Title]**