



OFFICE OF RISK MANAGEMENT/EMPLOYEE BENEFITS

5735 47th Avenue - Sacramento, CA 95824

Risk Management Main: (916) 643-9421

Employee Benefits Main: (916) 643-9432

Fax: (916) 399-2071

Keyshun Marshall, *Director II*

Introduction

In keeping with Governing Board policy, the district will comply with all federal, state and local laws and regulations requiring the accommodation of disabled employees and job applicants in the workplace.

Terms used in this Administrative Regulation, and documents, processes, and procedures that are developed, implemented or used in conjunction with the requirements of this Administrative Regulation, shall have the same definition and meaning as the governing laws and regulations. If the governing laws and regulations have differing or conflicting definitions or meanings, the broadest or most inclusive definition or meaning will be applied by the district.

Supervision of Disability Accommodation Requests

The Risk Management Manager ("Coordinator") shall supervise: (a) the district's review, evaluation, and response to disability accommodation requests, (b) compliance with legal requirements to advise employees and job applicants of their disability accommodation rights, and (c) the development and implementation of appropriate training for district employees to ensure that governing laws, and district policy, are followed with respect to disability accommodation requests. The Coordinator may obtain assistance in completing these tasks. However, the Coordinator shall personally issue Written Determinations required under this Administrative Regulation. Before issuing such Written Determinations, the Coordinator will ensure that applicable laws and district policies have been followed.

The Coordinator shall be promptly notified of all requests for accommodation of an actual, potential or perceived disability, whether physical, mental, or emotional in nature. No district employee shall undertake a substantive review of, or take action in response to, a disability accommodation request without the approval of the Coordinator.

The Accommodation Request and the Interactive Process

The district must reasonably accommodate disabled employees and job applicants unless all reasonable accommodations would cause an undue hardship to the district.

Once the district obtains knowledge of an affirmative action or statement by an Employee or Job Applicant signifying a need for accommodation in completing important or essential job or job application functions, due to an actual or perceived physical, mental or emotional disability, the district will commence with the employee or job applicant an informal exchange of information and ideas relating to the request (the "Interactive Process"). The Interactive Process allows the district and the employee or job applicant to meaningfully gain and share information relevant to

the request. Because each accommodation request must be evaluated on its own merits, there is no specific process or procedure that can be universally applied to all accommodation requests. However, the Interactive Process may involve the following issues and activities:

1. For Employees. Discussions and exchanges of information pertaining to (a) whether the employee is disabled, (b) the essential functions of the employee's position, (c) whether the employee, with or without accommodation, is capable of successfully executing the essential functions of the position, and (d) whether an available, reasonable accommodation exists that does not impose an undue burden on the district.
2. For Job Applicants. Discussions and exchanges of information pertaining to (a) whether the applicant is disabled, (b) the essential functions of the job application process, test, or examination for which accommodation is sought, (c) whether the applicant, with or without accommodation, is capable of completing the application process and executing the essential functions of the position that the applicant is seeking to fill, and (d) whether an available, reasonable accommodation exists that does not impose an undue burden on the district. If an applicant is determined to be the best candidate for the desired position, and receives and accepts a job offer, the district will consider further accommodation issues as applicable to Employees.

During the Interactive Process, the district may determine that it needs information from sources other than the employee or job applicant regarding (a) the nature, extent, or longevity of the employee or applicant's disability, (b) the employee or job applicant's ability to complete the essential functions of the job or application process, with or without accommodation, or (c) the nature, extent, cost or feasibility of potential accommodations. If such information is not available to the district, or if the employee or job applicant does not cooperate with the district in obtaining needed information, the district may be unable to complete the Interactive Process or take substantive action on the employee or job applicant's request for accommodation.

Depending on individual circumstances, the district may reasonably need the employee or job applicant to (a) execute a medical or health records release(s), authorize the district to obtain, at its expense, information relevant to the disability or accommodation, including the right to directly communicate with the medical or health care provider on these issues, (b) actively participate in interviews, evaluations, or testing, at the district's expense, by medical or health care providers, vocational or rehabilitation specialists, or other professional consultants familiar with disability accommodation issues, for the purpose of evaluating the existence, extent, or longevity of a disability and/or the cost or appropriateness of potential accommodations.

Information obtained by the district during the Interactive Process shall remain confidential, with such information reviewed only by district employees and district consultants directly involved in evaluating the accommodation request. Written materials and information obtained by the district during the Interactive Process will be placed in a separate Accommodation Request file, retained in keeping with district document retention policies, and made available for review by the employee or job applicant upon reasonable request. Copies of such documents will be made available at the employee or job applicant's expense.

Written Determination

Once sufficient information is obtained in the Interactive Process for the district to address substantively the employee or job applicant's accommodation request, the Coordinator will issue a Written Determination to be delivered to the employee or job applicant in an agreed manner or by certified mail: The Written Determination will include:

1. Agreement(s) between the parties on the accommodation request; and/or

2. The district's evaluation of:

a. The existence of a disability requiring accommodation and,

b. If a disability is determined to exist,

(1) The ability of the employee or job applicant to complete the essential functions of the position or application process, with or without accommodation; and

(2) For employees or job applicants requiring accommodation, the district's determination of the reasonable accommodation to be provided, unless the district has determined that all reasonable accommodations would create an undue burden on the district, in which case accommodation will be denied.

The Written Determination will include a brief statement of facts developed through the Interactive Process that support its findings and determinations. The district's Written Determination will be placed in the employee's personnel, medical file and/or the job applicant's file.

The Interactive Process may continue after the district's issuance of its Written Determination in order to evaluate the continuing existence or extent of a disability and/or the continuing need or appropriateness of an extended accommodation.

Review Process

The employee or job applicant may seek review of the district's handling of the accommodation request. Review may occur in two primary circumstances:

1. Compliance with the Interactive Process

If the employee or job applicant believes the district is not engaging timely and in good faith in the Interactive Process, a Request for Review may be promptly presented any time prior to the issuance of the Written Determination.

2. District's Written Determination

If the employee or job applicant disagrees with the Written Determination, a Request for Review may be presented within 20 days following the receipt of the Written Determination.

To commence the review process, which will be considered a required internal administrative remedy, the employee or job applicant must deliver a written Request for Review to the Director of Human Resources ("Reviewer"). While the Request need not be submitted on a particular form or in a particular format, it must contain a brief statement of the reason for the review and the requested remedy or action.

The Reviewer will review the documents and information developed during the Interactive Process and issue a Written Determination on Review. The Reviewer may grant or reject the requested relief or direct that further action be taken by the district to address the issues raised in the Review. The Written Determination on Review will be transmitted to the employee in an agreed manner or by certified mail, with a copy placed in the employee's personnel file and/or the job applicant's file.

Legal Reference:

CIVIL CODE

51 Unruh Civil Rights Act

GOVERNMENT CODE

12900-12996 Fair Employment and Housing Act

UNITED STATES CODE, TITLE 29

701-794e Vocational Rehabilitation Act

UNITED STATES CODE, TITLE 42

12101-12213 Americans with Disabilities Act

CODE OF FEDERAL REGULATIONS, TITLE 28

35.101-35.190 Americans with Disabilities Act, especially:

35.107 Designation of employee

36.101-36.608 Nondiscrimination on the basis of disability by public facilities

CODE OF FEDERAL REGULATIONS, TITLE 29

1630.2 Direct threat

COURT DECISIONS

Colmenares v. Braemar Country Club, Inc., 2003 Cal.LEXIS 1131

Chevron USA v. Echazabal, (2002) 536 U.S. 73, 122 S.Ct. 2045

US Airways, Inc. v. Barnett, (2002) 535 U.S., 122 S.Ct. 1516

Management Resources:

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Enforcement Guidance: Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act, October 2002

WEB SITES

EEOC: <http://www.eeoc.gov>

Department of Fair Employment and Housing: <http://www.dfeh.ca.gov>

Regulation SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

Approved: November 16, 1998 Sacramento, California

Revised: June 11, 2002

Revised: April 16, 2007



Request for Disability Accommodation

Sacramento City Unified School District

Completion of this form is not a requirement before the District will consider your accommodation request. However, completion may help the District more quickly evaluate and/or respond to your request. Please also carefully read The Important Notice on the next page.

Employee/Applicant Name (Last)		(First)	(MI)
Home Address:		(Street)	(City) (Zip)
Home Telephone:	Work Telephone:	Cell Telephone:	E-Mail:
1. I am: (mark appropriate section)			
D	A job applicant who has submitted (or intends to submit) an application for the position of: Position _____ Location: _____		
D	A District Employee. My job title is: _____ Location: _____		
D	A District Employee seeking a promotion or transfer to a new position. The desired new position is: New Position: _____ Location: _____		
2. The disability for which I seek accommodation is: (Please briefly describe your understanding of your disability)			
3. My disability interferes with my ability to complete the employment application or promotion process/my existing job functions because: (Please briefly describe how you believe accommodation would assist you in completing these activities)			
4. I request the following accommodation: (Please briefly describe what you would like the District to do to accommodate your disability and how the accommodation would allow you to complete the application/promotion process or your existing job functions)			



Request for Disability Accommodation

Sacramento City Unified School District

IMPORTANT NOTICE

Sacramento City Unified School District complies with all federal, state and local laws and regulations regarding the accommodation in the workplace of disabled employees and job applicants. In response to your request for accommodation, an Interactive Process has begun in which you and the District will informally exchange information and ideas that will help the District determine (a) whether you are “disabled” within the applicable laws, and, if disabled (b) whether you can complete the essential functions of application process/your current position, with or without accommodation, and (c) if accommodation is needed, the potential existence of reasonable accommodations that would not unduly burden the District.

For the Interactive Process to be successful, your personal and conscientious involvement in process is necessary. You will need to discuss your request with District representatives. You may also be requested to provide authorizations allowing the District to obtain medical and health information, including copies of medical or health records, and to speak with treating medical or health care providers. You might also be called upon to participate in examinations or reviews by health care providers or other consultants retained by the District at its expense. The District will use such information to best understand your request and determine what action the District should take in response to your request. This information will be reviewed only by District employees or its consultants directly involved in the review of your request. Upon your request, you may also review such information, which will be maintained in a separate Accommodation Request file. At your expense, you may also obtain copies of documents received by the District.

Your participation in this process is not a guarantee of employment or continued employment, nor does it alter or enlarge your rights under existing laws and/or collective bargaining agreements. The District also does not guarantee that your preferred or desired accommodation will be granted. However, failure to participate in the Interactive Process, or to assist in the gaining of needed information, may result in the District being unable to take action on your request.

At the completion of the Interactive Process, the District will provide you with its Written Determination. If you disagree with the Written Determination, or if during the Interactive Process you believe the District is not timely and in good faith acting upon your request, you may seek review of your concerns by filing a written Request for Review with the Associate Superintendent of Human Resources.

Further information regarding this process, and the District’s obligations in response to your request, can be found in Administrative Regulation 4032, which is available on request or through the District’s website. While the District strives to be responsive to issues raised by its employees and job applicants, additional information regarding your rights and obligations is also available from the Department of Fair Employment and Housing and the Equal Employment Opportunity Commission.

Dated: _____		
Print Name _____	Signature _____	
Received by: _____ Job Title _____ Date Received: _____		



EMPLOYEE MEDICAL RELEASE FORM
Sacramento City Unified School District

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize my attending physician to release to my employer, Sacramento City Unified School District (“District”), the medical and psychological information described below.

This authorization is limited to the following types of information: information regarding my physical or psychological condition and my ability to safely perform my job task(s), including medical history, findings, x-rays, EKGs, laboratory studies, diagnosis, psychological or psychiatric evaluations, testing results and reports, treatment and recommendations.

This authorization is limited to the following uses of the information released: the purpose of the information is to assist the District in its determination of whether I am able to perform safely all the essential functions of the job, whether I would require accommodation, and if so, what types of accommodation are reasonable, determine my medical or psychological status and history in order to comply with any applicable requirements relating to accommodating disabilities and or providing a safe work environment.

I consent to and authorize the District to arrange for any additional examination of my condition by a different health practitioner, at District expense; such examination shall be job related and consistent with the purposes set forth in this release. I release the District from any claims, damages or liabilities of any kind which may arise from the medical examination.

I also authorize my employer, Sacramento City Unified School District, to release to the examining physician or psychologist, any and all information, including confidential personnel or medical information, which would be relevant to my physical or psychological condition and my ability to safely perform my job task.

This authorization shall remain valid until six months after the date I have executed this release of medical information.

Employee Name (Printed) _____ Date

Employee Signature

ATTENDING PHYSICIAN:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____



ADA Physician Information Sacramento City Unified School District

Patient/Employee Name: _____

Job Title: _____

Date this patient/employee last examined: _____

What is the nature of this patient/employee's impairment? _____

How long is this impairment expected to last: _____

Does this impairment limit the patient/employee's ability to do any of the following? If yes, please explain the limitation(s).

- | | |
|-------|-------------------------|
| _____ | Seeing |
| _____ | Hearing |
| _____ | Breathing |
| _____ | Walking |
| _____ | Speaking |
| _____ | Learning |
| _____ | Caring for him/herself |
| _____ | Performing manual tasks |
| _____ | Working |

The employee has the following limitations or restrictions:

Frequency	Never	Occasionally	Frequently	Constantly	Activity	Yes	No
<i>Hours/day</i>	<i>0 hrs.</i>	<i>Up to 3 hrs.</i>	<i>3-6 hrs.</i>	<i>6 - 8 hrs.</i>	Dangerous machinery OK?		
Waist-bend/Twist					Wound-clean and dry		
Stand					Sit/stand for comfort		
Walk					Climb		
Sit					Simple Grasp		
Keyboard/10 Key					Firm Grasp		
Reach above shoulders					Precision/manipulation		
Push/pull					Wear splint at work		
Kneel/squat					Other:		

Lifting/carrying/pushing/pulling ability:

Frequency	Never	Occasionally	Frequently	Constantly
<i>Hours/day</i>	<i>0 hrs.</i>	<i>Up to 3 hrs.</i>	<i>3-6 hrs.</i>	<i>6 - 8 hrs.</i>
0 - 10 lbs.				
11-25 lbs.				
26-50lbs.				
>50lbs.				

Comments: _____



ADA Physician Information Sacramento City Unified School District

Would the employee pose a “direct threat” to the health or safety of either the patient/employee or others in the work place? Yes _____ No _____. Such as posing an imminent and substantial degree of risk either to the patient’s /employee’s own health or safety or to the health or safety of others)?

Date

Physician’s/Psychologist’s Signature

(Please type or print name)

Please return completed packet to:

SCUSD: Office of Risk Management
5735 47th Avenue
Sacramento, CA. 95824