



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

**POLICY AND
PROCEDURE**

**EFFECTIVE
DATE:**

September 4,
2018

Page 1 of 13

SUPERSEDES:

NEW ISSUANCE

OPI:

HRM

REVIEW DATE:

September 4, 2019

**Approving
Authority**

Quincy L. Booth
Interim Director

SUBJECT:

**ADA- ACCOMMODATING EMPLOYEES WITH DISABILITIES
(NEW ISSUANCE)**

NUMBER:

3810.1

Attachments:

A – Employee Reasonable Accommodation Request Form
B – Reasonable Accommodation Information for Employees in the District
of Columbia
C – Reasonable Accommodation Determination
D – Authorization for Release of Protected Health Information
E – Health Care Provider Certification Form
F – Reasonable Accommodation Plan

SUMMARY OF CHANGES:

Section	Change
	<i>New Issuance</i>

APPROVED:

Quincy L. Booth, Director

9/4/18
Date Signed

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1. **PURPOSE AND SCOPE.** To provide guidance to DOC employees and applicants on how to request a reasonable accommodation for disability.
2. **POLICY.** The DOC is committed to equal employment opportunities for applicants and employees with disabilities, and providing reasonable accommodations as required to facilitate the employment of qualified employees and applicants with disabilities. Beyond its legal obligations, the District is committed to providing accommodations that will allow its employees with disabilities to contribute at the highest levels.
3. **APPLICABILITY**

DOC employees and applicants for employment.
4. **NOTICE OF NON-DISCRIMINATION**

a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
5. **PROGRAM OBJECTIVES.** The intent of this Program Statement is to ensure that:
 - a. Employees and applicants for employment are informed of the procedures and requirements in order to make a reasonable accommodation request (Attachment A, Reasonable Accommodation Request Form).
 - b. Staff are informed of the avenues to request reconsideration of decisions related to reasonable accommodations.

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- c. Supervisory staff are informed of the procedures and requirements to respond appropriately and timely to requests for reasonable accommodation.
- d. DOC will meet legal requirements concerning reasonable accommodation requests, and obtain the benefits that arise from maintaining a diverse and inclusive workplace.

6. DIRECTIVES AFFECTED

- a. **Directives Rescinded.** None
- b. **Directives Referenced**
 - 1) PP 3800.1 Equal Employment Opportunity Program
 - 2) PP. 3800.4 DOC Language Access Program

7. AUTHORITY

- a. The Americans with Disabilities Act As Amended, 42 USC 12101, *et seq*
- b. D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq.,
- c. D.C. Code §§ 2-1402.01, 2-1402.11, 2-1402.12, 2-1402.13, Prohibited Acts of Discrimination - Employment
- d. D.C. Code §§ 2-1431.01- 2-1431.02, 2-1431.05 et seq., Disability Rights Protection

8. STANDARDS REFERENCED

NONE.

9. DEFINITIONS

- a. **Direct Threat-** a significant risk of substantial harm to health and safety.

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- b. **Disability-** a physical or mental impairment that substantially limits one or more of the person's major life activities, a record of such impairment; or being regarded as having such an impairment.
- c. **Interactive Process-** communication between the employee and employer to determine the best approach towards a reasonable accommodation **Major Life Activity-** major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- d. **Qualified Individual** – an individual with a disability who satisfies the requisite skill, experience, education, and other job-related requirements of the essential employment functions of the position, and who, with or without reasonable accommodation, can perform the essential functions of the position.
- e. **Qualified Interpreter.** Defined by the ADA as an individual able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. A qualified interpreter may provide interpretation services in person or via a Video Remote Interpreting (VRI) service.
- f. **Reasonable Accommodation-** any change or adjustment to the job, the work environment or the way work is customarily done which permits a qualified applicant or employee with a disability to perform the essential functions of a job or to enjoy the equal benefits and privileges of employment as are available to a similarly situated employee without a disability.
- g. **Regarded As or Perceived Disability** - An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under the ADA

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because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.

- h. **Substantially Limited-** when an individual is materially restricted from performing a major life activity as determined without regard to the ameliorative effects of mitigating measures such as medication, medical supplies, assistive technology; auxiliary aids or adaptive behavior modification.
- i. **Undue Hardship-** an accommodation that causes significant difficulty or expense on the agency.

10. GENERAL REQUIREMENTS

a. *Who is a Person with a Disability?*

- 1) A person with a disability is:
 - a) An individual with a physical or mental impairment that substantially limits one or more of the person's major life activities;
 - b) An individual with a record of such an impairment; or
 - c) An individual who is perceived to have such impairment".
- 2) A person is "substantially limited" in performing a major life activity if she/he is materially restricted in a major life activity.
- 3) Examples of "major life activities" include walking, lifting, seeing, performing manual tasks, sitting, breathing, speaking, hearing, learning, reading, personal care/grooming, and other activities.
- 4) A "qualified individual with a disability" means an individual with a disability who satisfies the requisite skill, experience, education, and other job-related requirements of the employment functions of the position, and who, with or without reasonable accommodation, can perform the essential functions of the position (Attachment A – Employee Reasonable Accommodation Request Form).

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- 5) An individual with an injury covered under workers' compensation may be protected by the ADA, but is not automatically protected. To be protected by the ADA, the employee must meet the ADA's definition of disability. The ADA does not require an employer to provide a reasonable accommodation for an employee with an occupational injury who does not have a disability as defined by the ADA.
- b. *What is a Reasonable Accommodation?*
- 1) A reasonable accommodation can be described as any change or adjustment to the job, the work environment or the way work is customarily done which permits a qualified applicant or employee with a disability to perform the essential functions of a job or to enjoy the equal benefits and privileges of employment as are available to a similarly situated employee without a disability.
 - 2) Reasonable accommodation may occur in three phases of employment:
 - a) *In the application process.* Reasonable accommodation must be provided in the job application process to provide a qualified applicant with a disability with an equal opportunity to be considered for the position;
 - b) *In the performance of the essential functions of a job.* Reasonable accommodation must be provided to enable a qualified person with a disability to perform the essential functions of the job. This may include changes or adjustments to the work environment, to the manner or circumstances in which the position is customarily performed, or to employment policies;
 - c) *In the receipt of all benefits of employment.* Reasonable accommodations must be provided to enable an employee with a disability to enjoy benefits and privileges of employment equal to those enjoyed by similarly situated employees without disabilities. This would include equal access to lunchrooms, meetings, employer-sponsored services, employee benefits,

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social events, etc.

- 3) In determining whether a requested accommodation is reasonable, DOC will consider several factors, including:
 - a) The nature and cost of the change;
 - b) If the accommodation would impose an undue hardship;
 - c) The number of people who could benefit from the change (including members of the public); and
 - d) Additional benefits or detriments that would result from the change

c. Purpose of Reasonable Accommodation

- 1) The purpose of reasonable accommodation is to provide employment opportunities for persons with disabilities who otherwise would not be able to perform the essential functions of their job, and to allow employees with disabilities to perform or be more productive. Reasonable Accommodation Information for Employees Form. (Attachment B)
- 2) Reasonable accommodations may include, but are not limited to:
 - a) Making existing facilities accessible;
 - 1) Job restructuring;
 - 2) Change of work schedules or place of work;
 - 3) Extended leave;
 - 4) Telecommuting;
 - 5) Reassignment to a vacant position to enable the individual to perform the essential functions of his or her current job, or if the only effective accommodation would cause undue

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hardship;

- 6) Acquisition or modification of equipment or devices, including computer software and hardware;
- 7) Appropriate adjustments or modifications of examinations, training materials or policies; and
- 8) Provision of qualified readers and/or sign language interpreters and other similar accommodations.

The DOC will provide reasonable accommodations in a timely manner. The process of considering requests for accommodations and providing reasonable accommodations will always include an "interactive process" of mutual communication and consultation between the qualified individual with a disability and DOC.

The DOC is not required to provide an accommodation if it would cause an undue financial or administrative hardship in light of the overall financial and administrative resources available.

In addition, the DOC is not required to provide an accommodation if doing so would pose a direct threat to health or safety.

d. "Essential vs. Marginal Functions of a Position"

- 1) **Essential functions** are those that are fundamental and central to the purpose of the position. DOC must provide reasonable accommodations to an employee with a disability to allow the employee to accomplish the essential functions of the job, but the agency is not required to exempt an employee with a disability from performing the essential functions of the job.
- 2) Factors to consider in determining if a function is essential include:
 - a) Whether the reason the position exists is to perform that function,

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- b) The number of other employees available to perform the function or among whom the performance of the function can be distributed, and
- c) The degree of expertise of skill required to perform the function.

- 3) **Marginal functions** are useful responsibilities, but are not central to the purpose of the position. These functions can be reassigned without destroying the basic purpose of the position. (Attachment B)

11. Reasonable Accommodation Process

- a. In general, it is the responsibility of the individual with a disability to inform his or her employer that an accommodation is needed. The employer shall immediately refer the employee to the DOC ADA Coordinator. .
- b. A request for accommodation does not have to be in writing and may be in plain English. It does not have to use the term “reasonable accommodation” and does not have to mention the ADA.
- c. An employee may request to be represented in this process by the employee’s union, attorney, or any other individual designated by the employee.
- d. A request for accommodation may be made by a family member, friend, health professional, or other representative who is acting on the individual's behalf with the individual's consent. The request does not have to be in writing and the requestor shall be immediately referred to the DCDOC ADA Coordinator who will initiate and conduct the interactive process.
- e. If an employee with a known or obvious disability is having performance problems, and a supervisor believes that an accommodation may be necessary, the supervisor shall contact the ADA Coordinator who will initiate and conduct the interactive process.

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- f. An employee may request a reasonable accommodation by submitting the Employee Reasonable Accommodation Request Form, (Attachment A) or by notifying their supervisor, ADA Coordinator, EEO Officer, or Human Resources Officer. Such request may be made verbally or in writing by the employee or his or her representative. The employee will be provided with information on the reasonable accommodation process and when the disability and/or need for accommodation is not obvious, the Employee Reasonable Accommodation Request Form must be completed by the employee and the employee's doctor or health care provider to provide reasonable documentation about his or her disability and functional limitations
- g. When the completed forms are returned, the agency's ADA Coordinator will review the information to determine if the employee is a qualified individual with a disability, and if so, whether an accommodation is appropriate. The coordinator may confer with the employee's supervisor, the employee's health care provider, DOC's EEO Officer, and DOC's Human Resources Officer to review the requested accommodation and/or other alternatives. The coordinator will also contact the employee to discuss the requested accommodation and/or alternatives in an interactive process.
- h. This process will be completed as quickly as possible. However, if the information on the forms is incomplete or unclear, the process may be delayed. The employee who is requesting reasonable accommodation should make sure that forms are completed accurately and returned as soon as possible. The agency will provide the employee with a written update on the status of the request within Fifteen (15) days from the day that the request is acknowledged.
- i. The ADA Coordinator will review the recommended action with the DOC Human Resource Officer, the Warden or his designee (as needed), and the DOC Director. The requesting employee will be notified of the agency's decision by providing a Reasonable Accommodation Determination letter (Attachment C). If the request is not approved, the DOC and the employee shall engage in the interactive process to explore other options for accommodation, if any.

12. MEDICAL DOCUMENTATION AND CONFIDENTIALITY

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- a. If the disability is not obvious, and/or there is no other medical information already on record for the employee, the agency can require the employee to submit documentation from an appropriate healthcare or rehabilitation professional concerning the existence of the disability and the employee's functional limitations. The appropriate professional will depend upon the disability and may include but are not limited to doctors, psychiatrists, psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational therapists and licensed mental health professionals. An employee may provide a HIPAA compliant limited release allowing the employer to submit a list of specific questions form Health Care Provider Certification Form (Attachment E) to the healthcare or vocational professional requesting information regarding the nature of the disability and the functional limitations. Unrelated medical information shall not be requested. The employee's medical information shall be maintained in a confidential file separate from the employee's personnel file or other records and shall not be revealed to anyone who does not need to know in order to provide the accommodation.
- b. **Medical Examinations and Inquiries**
 - 1) DOC may not require applicants to take medical examinations or answer any disability-related questions. The employer may ask a job applicant or employee about his or her ability to perform job-related functions and may respond to an applicant's or employee's request for reasonable accommodation.
 - 2) DOC may require an individual to go to an appropriate health professional of the employer's choice if the individual provides insufficient information from his or her healthcare professional to substantiate that s/he has an ADA disability and needs a reasonable accommodation after DOC provides the employee notice why the documentation is insufficient and allows the employee the opportunity to provide the missing information in a timely manner. The medical examinations or ask disability-related

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questions of an employee, must be job-related and consistent with business necessity.

- 3) Notwithstanding the ADA, DOC may conduct drug testing consistent with the Standard Operating Procedure 6050.4B-17 Mandatory Employee Drug and Alcohol Testing Program (MEDAT).

c. Reasonable Accommodations Determination

- 1) The DOC may approve or deny an employee's request for a reasonable accommodation. An employee may be denied for the following reasons:
 - 2) The employee is not an individual with a qualifying disability.
 - a) A temporary impairment, such as a broken arm, is not significant enough to be considered a qualifying disability, taking into account its duration and the extent to which it actually limits a major life activity.
 - b) The employee is unable to provide requested documentation from a medical professional that demonstrates that he/she has a qualifying disability.
 - 2) The employee is able without an accommodation to:
 - a) Perform the essential functions of the job or
 - b) Participate in and/or benefit from the service or activity in an equally effective manner as employees without disabilities
 - 3) The requested accommodation will not enable the employee to perform the essential functions of the job.
 - 4) The employee's request for a reasonable accommodation is primarily for non-disability reasons, rather than because of a disability.

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- 5) The employee's request for a reasonable accommodation would impose an undue hardship on the operations of the agency and there is no alternative reasonable accommodation.
- 6) The employee's requested accommodation would pose a direct threat to health or safety.
- 7) When there is more than one effective accommodation the employer may choose the one that is less difficult or expensive to provide.
- 8) If an employee needs a reasonable accommodation to perform an essential function of a job or eliminate a direct threat and refuses to accept an effective accommodation, s/he may not be qualified to remain in the job.

When denying a requested accommodation, The DOC will engage in the interactive process and consider available alternative accommodations that would be reasonable and effective and would not constitute an undue hardship or direct threat.

d. Charges of Discrimination

An employee who believes s/he has been wrongly denied a reasonable accommodation may:

- 1) Request reconsideration by the agency,
- 2) File a complaint with the agency EEO Counselor ,
- 3) File a complaint with the DC Office of Disability Rights,
- 4) File a complaint with the DC Office of Human Rights, or
- 5) File a complaint with the federal Equal Employment Opportunity Commission.

**EMPLOYEE REASONABLE ACCOMMODATION REQUEST FORM**

Date Received:

Initial:

Last Name, First Name_____
Employee ID Number_____
Address, City, State, Zip Code_____
Phone Number

It is the policy of the District of Columbia Government (the District) to provide reasonable accommodations to qualified individuals with disabilities in accordance with the federal Americans with Disabilities Act and the D.C. Human Rights Act of 1977. You may be required to provide documentation in support of your request for reasonable accommodation.

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

1. Current Position

Official Title: _____ Grade/Step: _____

Work Location: _____ Name of Supervisor: _____

2. Reasonable Accommodation Request

What type of accommodation do you request?

- ☐ Modification or Purchase of Equipment and Assistive Devices
- ☐ Training
- ☐ Job Restructuring
- ☐ Modified Work Schedule and Flexible Leave Policies
- ☐ Modification of Policies
- ☐ Modification of Physical Site (Building and Facility)
- ☐ Provision of Readers, Communication Access Providers, or Personal Assistants
- ☐ Reassignment to a Vacant Position
- ☐ Other Accommodation: _____

Please describe the accommodation: (use extra sheets if needed)

Please explain how you believe this accommodation will enable you to perform the essential functions of your position: (use extra sheets if needed)

3. Essential Duties of Your Position:

Please identify the *essential functions (do not include *marginal duties) of your position for which you are requesting an accommodation:

1. _____
2. _____
3. _____
4. _____

**Essential functions are those that are fundamental and central to the purpose of the position. An agency must provide reasonable accommodation to an employee with a disability to allow the employee to accomplish the essential functions of the job, but an agency is not required to exempt an employee with a disability from performing the essential functions of the job.*

**Marginal functions are useful responsibilities, but are not central to the purpose of the position. Marginal functions can be reassigned without doing away with the basic purpose of the position.*

4. Health Care Provider:

Please provide us with the name of your health care provider(s) who can assist with this request: (use extra sheet if needed)

Name: _____
 Address: _____
 Phone: _____
 Specialty: _____

Name: _____
 Address: _____
 Phone: _____
 Specialty: _____

5. Major Life Activities:

Please circle the major life activity(ies) you believe to be limited by your medical condition(s):

Walking	Breathing	Seeing	Caring for Oneself	Working
Talking	Hearing	Learning	Performing Manual Tasks	
Other:				

Please describe how the above activity(ies) is/are limited:

6. Is your medical condition temporary? Yes / No

If yes, please state the expected duration: _____

7. Are you currently working? Yes / No

If no, please specify the type of leave currently approved: _____

If no, when do you expect to return to work? _____

8. Have you applied previously for a reasonable accommodation within the District? Yes / No

If yes, please explain the status/circumstances:

I hereby certify that I believe I am a qualified individual with a disability as defined by the law. I have received and reviewed the information brochure and require an accommodation to perform the essential functions of my position. I understand that a detailed review of my disability status may be required, and I agree to cooperate fully in this process. I further understand that if my request is granted, I am obligated to report any changes in my disability status which may require a re-evaluation of this request. Granting of this request does not signify approval of any future reasonable accommodation request for any other position within this agency or any other agency within the District of Columbia Government.

Employee Signature

Date



REASONABLE ACCOMMODATION INFORMATION FOR EMPLOYEES IN THE DISTRICT OF COLUMBIA

The District of Columbia Government (the District) is required by federal and District laws to provide equal employment opportunity to qualified individuals with disabilities. The Americans with Disabilities Act of 1990 (ADA) and the D.C. Human Rights Act of 1977, as amended, seek to eliminate discrimination against individuals with disabilities to ensure that our workforce is as diverse as our society. The District has a legal obligation to provide reasonable accommodations as required to facilitate the employment of qualified employees and applicants with disabilities. Beyond its legal obligations, the District is committed to providing accommodations that will allow its employees with disabilities to contribute at the highest levels.

Who is a Person with a Disability?

A person with a disability is:

- An individual with a physical or mental impairment that substantially limits one or more of the person's major life activities;
- An individual with a record of such an impairment; or
- An individual who is perceived to have such an impairment.
- A person is "substantially limited" in performing a major life activity if s/he is materially restricted in a major life activity.
- Examples of "major life activities" include walking, lifting, seeing, performing manual tasks, sitting, breathing, speaking, hearing, learning, reading, personal care/grooming, and other activities.
- A "qualified individual with a disability" means an individual with a disability who satisfies the requisite skill, experience, education, and other job-related requirements of the employment functions of the position, and who, with or without reasonable accommodation, can perform the essential functions of the position.

An individual with an injury covered under workers' compensation may be protected by the ADA, but is not automatically protected. To be protected by the ADA, the employee must meet the ADA's definition of disability. The ADA does not require an employer to provide a reasonable accommodation for an employee with an occupational injury who does not have a disability as defined by the ADA.

What is a Reasonable Accommodation?

A reasonable accommodation can be described as any change or adjustment to the job, the work environment or the way work is customarily done which permits a qualified applicant or employee with a disability to perform the essential functions of a job or to enjoy the equal benefits and privileges of employment as are available to a similarly situated employee without a disability.

Reasonable accommodation may occur in three phases of employment:

- In the application process - Reasonable accommodation must be provided in the job application process to provide a qualified applicant with a disability with an equal opportunity to be considered for the position;
- In the performance of the essential functions of a job - Reasonable accommodation must be provided to enable a qualified person with a disability to perform the essential functions of the job. This may include changes or adjustments to the work environment, to the manner or circumstances in which the position is customarily performed, or to employment policies;

- In the receipt of all benefits of employment - Reasonable accommodations must be provided to enable an employee with a disability to enjoy benefits and privileges of employment equal to those enjoyed by similarly situated employees without disabilities. This would include equal access to lunchrooms, meetings, employer-sponsored services, employee benefits, social events, etc.

In determining whether a requested accommodation is reasonable, agencies should consider several factors, including:

- The nature and cost of the change;
- The number of people who could benefit from the change (including members of the public); and
- Additional benefits or detriments that would result from the change.

Purpose of Reasonable Accommodation

The purpose of reasonable accommodation is to provide employment opportunities for persons with disabilities who otherwise would not be able to perform the essential functions of their job, and to allow employees with disabilities to perform or be more productive.

Reasonable accommodations may include, but are not limited to:

- Making existing facilities accessible;
- Job restructuring;
- Change of work schedules or place of work;
- Extended leave;
- Telecommuting;
- Reassignment to a vacant position;
- Acquisition or modification of equipment or devices, including computer software and hardware;
- Appropriate adjustments or modifications of examinations, training materials or policies; and
- Provision of qualified readers and/or sign language interpreters and other similar accommodations.

Reasonable accommodations must be provided in a timely manner. The process of considering requests for accommodations and providing reasonable accommodations must always include an "interactive process" of mutual communication and consultation between the qualified individual with a disability and the District agency providing the accommodation. Accommodation decisions should be based primarily on whether they will help the applicant or employee be a successful and productive member of the District's workforce.

Most accommodations cost little or nothing. The District is not required to provide an accommodation if it would cause an undue financial or administrative hardship in light of the overall financial and administrative resources available.

In addition, the District is not required to provide an accommodation if doing so would pose a direct threat to health or safety.

What are the "Essential Functions" of a Position?

Essential functions are those that are fundamental and central to the purpose of the position. An agency must provide reasonable accommodations to an employee with a disability to allow the employee to accomplish the essential functions of the job, but an agency is not required to exempt an employee with a disability from performing the essential functions of the job.

A function may be essential because:

It is important to determine whether something is really an essential function or whether it is simply a way of performing an essential function. An essential function is what the completed task is, not how that task is completed. As such, results oriented language should be used as much as possible; an essential function may be for an employee to relocate (as opposed to *lift*) 50 lb. boxes.

- The function is highly specialized.
- There are a limited number of employees available who could perform that function.
- The position exists to perform that function.

Factors in determining whether a task is an essential function include:

- The employer's judgment;
 - Position description written before the job was advertised and filled;
 - Amount of time the employee spends performing the function;
 - Functions performed by others in the same or similar job classifications;
 - Work performed by current and past incumbents;
 - Consequences if this position did not perform the function; and
 - Number of available employees who could perform the function.
- Marginal functions are useful responsibilities, but are not central to the purpose of the position. These functions can be reassigned without destroying the basic purpose of the position.

How to Request a Reasonable Accommodation

In general, it is the responsibility of the individual with a disability to inform the employer that an accommodation is needed. An employee may request to be represented in this process by the employee's union, attorney, or any other individual designated by the employee.

An employee may request a reasonable accommodation by notifying the employee's supervisor, ADA Coordinator, EEO Officer, or Human Resources Officer. Such request may be made verbally or in writing by the employee or his or her representative. The employee will be provided with information on the reasonable accommodation process and the necessary forms to be completed by the employee and the employee's doctor or health care provider.

When the completed forms are returned, the agency's ADA coordinator will review the information to determine if the employee is a qualified individual with a disability, and if so, whether an accommodation is appropriate. The coordinator may confer with the employee's supervisor, the employee's health care provider, DOC's EEO Officer, and DOC's Human Resources Officer to review the requested accommodation and/or other alternatives. The coordinator will also contact the employee to discuss the requested accommodation and/or alternatives.

This process will be completed as quickly as possible. However, if the information on the forms is incomplete or unclear, the process may be delayed. The employee who is requesting reasonable accommodation should make sure that forms are completed accurately and returned as soon as possible. The agency will provide the employee with a written update on the status of the request within fifteen days from the day that the request is acknowledged.

The department ADA coordinator will review the recommended action with the DOC Human Resource Officer, the Warden (as needed), and the DOC Director. The requesting employee will be notified of the agency's decision. If the request is not approved, the employee will be informed of other options that could be explored.

Medical Examinations and Inquiries

- An employer may not require applicants to take medical examinations or answer any disability-related questions. The employer may ask a job applicant or employee about his or her ability to perform job-related functions and may respond to an applicant's or employee's request for reasonable accommodation.
- An employer may require medical examinations or ask disability-related questions of an employee, provided that the examination or question is job-related and consistent with business necessity.
- An employer may require medical documentation to evaluate a request for reasonable accommodation by an employee or an applicant.
- Tests to detect illegal use of drugs are permitted under the law and are not subject to the above restrictions.

Confidentiality

Medical-related information shall be confidential, except for those supervisors, safety personnel, compliance officers, or other specified individuals who have a need to know.

Denial of a Reasonable Accommodation Request

The agency may reject an employee's request for a reasonable accommodation for the following reasons:

- a. The employee is not an individual with a qualifying disability. A temporary impairment, such as a broken arm, is not significant enough to be considered a qualifying disability, taking into account its duration and the extent to which it actually limits a major life activity.
- b. The employee is unable to provide requested documentation from a medical professional that demonstrates that he/she has a qualifying disability.

The employee is able without an accommodation to:

- a. Perform the essential functions of the job or
- b. Participate in and/or benefit from the service or activity in an equally effective manner as employees without disabilities

- Or -

- a. Perform the essential functions of the job or
- b. The requested accommodation will not enable the employee to perform the essential functions of the job
- c. The employee's request for a reasonable accommodation is primarily for non-disability reasons, rather than because of a disability.
- d. The employee's request for a reasonable accommodation would impose an undue hardship on the operations of the agency and there is no alternative reasonable accommodation.
- e. The employee's requested accommodation would pose a direct threat to health or safety.

When denying a requested accommodation, the agency must consider available alternative accommodations that would be reasonable and effective and would not constitute an undue hardship or direct threat.

Undue Hardship

The agency may decline to provide an accommodation because such accommodation is unduly

- Expensive;
- Extensive;
- Substantial;
- Disruptive; or
- Would fundamentally alter the nature or operations of the agency

Whether an accommodation causes an undue hardship must be determined in light of all available financial and administrative resources.

Direct Threat

An agency may decline to provide an accommodation because the accommodation would pose a direct threat to health or safety. In order to be a direct threat, there must be a significant risk of substantial harm. The determination of a direct threat must be based on an individualized assessment of the applicant or employee with a disability, must rely on current medical knowledge, and must not be based on generalized assumptions or stereotypes.

Appeal and Complaint Procedure

An employee who believes s/he has been wrongly denied a reasonable accommodation may:

- Request reconsideration by the agency
- File a complaint with the agency EEO Counselor or ADA Coordinator
- File a complaint with the DC Office of Disability Rights
- File a complaint with the DC Office of Human Rights
- File a complaint with the federal Equal Employment Opportunity Commission

For more information regarding Reasonable Accommodation, the American with Disabilities Act, the D.C. Human Rights Act, and other related information, please view the list of resources on the following page.

Resources

- DOC ADA Coordinator, DOC EEO Officer, or a DOC Office of HR Management Representative
2000 14th St. NW, 7th Floor, Washington, DC, 20009
Main Line: (202) 671-2131 Fax: (202) 673-2252 TTY: 711
Email: askDOCHR@dc.gov Website: <http://doc.dc.gov/>
- DC Office of Disability Rights
441 4th St. NW, Ste. 729 North, Washington, DC 20001
Phone: (202) 724-5055 Fax: (202) 727-9484 TTY: (202) 727-3363
Email: odr@dc.gov Website: <http://odr.dc.gov/>
- DC Office of Human Rights
441 4th St. NW, Ste. 570 North, Washington, DC 20001
Phone: (202) 727-4559 Fax: (202) 727-9589 TTY: 711
Email: ohr@dc.gov Website: <http://ohr.dc.gov/>
- Equal Employment Opportunity Commission (EEOC)
131 M St. NE, Washington, DC 20507
Phone: (800) 669-4000 Fax: (202) 419-0739 TTY: (800) 669-6820
Website: [http:// www.eeoc.gov/](http://www.eeoc.gov/)



REASONABLE ACCOMMODATION DETERMINATION

Last Name, First Name

Employee ID Number

Your request on _____ for accommodation has been:
Date of Request

☐ Approved

Accommodation(s) Provided: _____

☐ Denied

Reason(s) Denied: _____

If you disagree with the above determination, you may present additional information to the DOC Office of Human Resource Management within ten (10) business days of the date of this determination to further substantiate your request.

Please call the DOC ADA Coordinator at (202) 673-9269 or the DOC EEO Officer at (202) 671-2108 to discuss the decision.

DOC ADA Coordinator

Date



**AUTHORIZATION FOR RELEASE OF
PROTECTED HEALTH INFORMATION**

For DOC-HR Use

Date Received:

Initial:

TO WHOM IT MAY CONCERN:

Pursuant to my request for reasonable accommodation under the Americans with Disabilities Act and the D.C. Human Rights Act, my employer is authorized to determine whether I have a physical or mental impairment which limits a major life activity, to determine what restrictions I have that impact the duties of my position and to evaluate the effectiveness of possible reasonable accommodations.

I hereby authorize and direct you, your office/practice, its Custodian of Records and/or persons in your service to release medical information relating to my request for reasonable accommodation to my employer, in the format of the Health Care Provider Certification Form and Essential Function Guide provided by my employer. This medical information may be released to any authorized representative of the DC Department of Corrections, Office of Human Resource Management employee bearing this release or a photocopy thereof, in order to evaluate my request for reasonable accommodation.

I do hereby request that the Health Care Provider Certification Form be completed as fully and completely as possible.

I do hereby release and hold harmless you, your organization or company, your officers, agents, employees, or independent contractors from any liability or damages, and I do hereby waive all claims or causes of action against you, your organization or company, your officers, agents, employees or independent contractors, which may result from furnishing the requested information.

This authorization to release my medical records will expire on _____ and may be revoked by me at any time except for action already taken. I have been advised that I have the right to receive a copy of this authorization.

Name (print): _____ Birthdate: _____

Last 4 Digits of Social Security No.: _____

Address: _____ Phone(w): _____

_____ Phone (h): _____

Official Title: _____ Department: DC Department of Corrections

Signature

Date



HEALTH CARE PROVIDER CERTIFICATION FORM

For DOC-HR Use
Date Received:
Initial:

Employee's Name _____

Last 4 digits of Social Security No. _____

The above-referenced individual has identified you as the health care provider who is treating the medical condition for which he/she is seeking reasonable accommodation. Attached is the employee's signed medical release. Please complete this certification form and the essential functions guide and return it in the envelope provided. Please write legibly; if clarification is needed, you will be contacted by a human resource representative. Thank you again for your assistance.

Date of your last examination of this individual: _____

To discuss this matter, I am requesting that a department representative contact me by phone at: () _____ - _____

A. Major Life Activities

1. Does this person have a medical condition, that makes one or more of his/her major life activity/activities difficult to perform? ____ Yes ____ No

(Major life activities include, but are not limited to, walking, talking, breathing, seeing, hearing, lifting, caring for oneself, learning, thinking, concentrating, interacting with others, speaking, performing manual tasks, reading, sitting, and working.)

2. If yes, the major life activity/activities affected is/are: _____

B. Duration of Medical Condition

1. Is this medical condition temporary? ____ Yes ____ No

2. If yes, please state the expected duration of this condition: _____

C. Medical Restrictions

1. Please list the medical restriction(s) that make the major life activity/activities difficult to perform. Please be as specific as possible by listing duration and extent of the restriction (e.g., cannot lift over 50 pounds; unable to stand for more than 1 hour; unable to walk for more than 1 block; unable to work more than 6 hours/day; unable to perform multiple projects simultaneously): _____

D. Reasonable Accommodation Request

1. Please specify what type of accommodation you would recommend for this patient:

- ☐ Modification or Purchase of Equipment and Assistive Devices: _____
- ☐ Training: _____
- ☐ Job Restructuring: _____
- ☐ Modified Work Schedule and Flexible Leave Policies: _____
- ☐ Modification of Policies: _____
- ☐ Modification of Physical Site (Building and Facility): _____
- ☐ Provision of Readers, Communication Access Providers, or Personal Assistants: _____
- ☐ Reassignment: _____
- ☐ Other Accommodation: _____

2. Does the employee's medical condition necessitate this proposed accommodation? _____ Yes _____ No

Please explain: _____

3. Does this proposed accommodation enable this patient to perform the essential functions of his/her position? _____ Yes _____ No

Please explain: _____

ESSENTIAL FUNCTIONS GUIDE

For each essential function listed, please check if this person can perform that function, with or without accommodation, or not at all.

If you indicate that an accommodation is needed, please specify the accommodation.

Name of Employee: _____

Official Title _____ Work Shift, if applicable: _____

General Description of Position:

	Essential Function	Able to perform without an accommodation	Able to perform with an accommodation (Identify Below)	Unable to perform with or without an accommodation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

As to each essential function for which the individual seeks an accommodation, please identify your recommended accommodation:

I, the undersigned health care provider, certify that the information I have provided regarding the above-referenced individual is complete and accurate to the best of my knowledge. I understand that my cooperation is necessary for the employer to make an accurate determination regarding my patient's reasonable accommodation request.

Health Care Provider's Signature

Date

Health Care Provider's Name (Please print)

License No.

Phone Number

Area of Practice / Specialty

**REASONABLE ACCOMMODATION PLAN**Date of RA Approval: Employee Name: Official Title: Grade/Step:

Work Location: ☐ Central Detention Facility ☐ Correctional Treatment Facility
☐ 1900 Mass. Ave., SE ☐ 300 Indiana Ave., NW
☐ DOC HQ - Reeves ☐ Training Academy
☐ Other:

Worksite Phone Number:

The DOC Office of Human Resources Management finds that the above named employee is a qualified individual with a disability as defined by the Americans with Disabilities Act (ADA).

Essential function(s) of employee's position which employee is unable to perform is/are:

Accommodation(s) Recommended:

Employee Acknowledgement: ☐ I accept this reasonable accommodation plan
☐ I reject this reasonable accommodation plan

Employee (Representative) Signature_____
Date_____
DOC HRM Officer of Designee_____
Date