



**City of Hampton
PERSONNEL ADMINISTRATIVE INSTRUCTION**

DATE: July 1, 2011	CHAPTER: 2	PAI No. 2.3	
REFERENCES: Section IV	SUBJECT: Americans with Disabilities Act Amendments Act (ADAAA)		
<p>I. <u>General:</u></p> <p>The City of Hampton is fully committed to the principles of equal employment opportunity in the provision of all services to the public. This instruction establishes the guidelines for administration of The Americans with Disabilities Act Amendments Act (ADAAA) and describes how the City will apply those guidelines and ensure compliance with applicable federal, state, and local laws.</p> <p>II. <u>ELIGIBILITY:</u></p> <p>The City of Hampton will provide reasonable accommodations for an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense ("undue hardship"). The City of Hampton forbids discrimination in any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.</p> <p>III. <u>DESIGNATION OF REASONABLE ACCOMMODATIONS:</u></p> <p>A reasonable accommodation is any change in the work environment (or in the way work is usually completed) to assist a person who has a disability apply for a job, perform the essential functions of a job, or enjoy the benefits and privileges of employment. A reasonable accommodation should be requested when the employee has an impairment that affects the ability to perform the job. Impairment is defined as a condition that affects a major life activity. Major life activities may include, but are not limited to:</p> <ul style="list-style-type: none"> A. Group I: The Ability to Perform Tasks: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. B. Group II: The Functioning of Bodily Systems: 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. C. Group III: The Functioning of One Particular Organ: operations of an individual organ within a body system, such as the operation of the kidney, liver, or pancreas. 			
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IV. PROCESS FOR REASONABLE ACCOMMODATIONS:

The process may be initiated by an employee with a disability or by the manager/supervisor through observation. The City of Hampton will respond to a request for a reasonable accommodation by engaging in an interactive process with the employee. The City will, in a timely manner and in good faith, engage in the interactive process.

A. The City will, as a minimum:

1. Determine if the employee's condition meets the ADAAA guidelines for a reasonable accommodation and respond in a timely fashion;
2. Analyze the particular job involved and determine its purpose and essential functions;
3. Consult with the disabled employee to ascertain the precise job-related limitations imposed by the disability and how a reasonable accommodation might address those limitations; seek information from the disabled employee on what specific accommodations the employee may feel would be beneficial; and
4. Identify potential accommodations and discuss them with the employee.

B. The employee will, as a minimum:

1. Inform Management of a need for an accommodation by completing the City of Hampton Request for Disability Related Accommodations Form;
2. Provide appropriate documentation from a health care provider or other professional relative to the disabling condition; and
3. Describe the limitations imposed by the disability to the Manager/Supervisor.

V. PROCEDURE:

The reasonable accommodation procedure begins when the disability is brought to the attention of management. The request can be initiated by the employee or by the manager/supervisor through observation. Following are the steps in the interactive procedure:

- A. The employee will complete the City of Hampton Request for Disability Related Accommodations Form and submit to his/her Manager/Supervisor.
- B. The Manager/Supervisor will request documentation of the functional limitations of the employee from the medical provider or professional consultant through the employee. Direct contact with the employee's physicians or health care providers by the Manager/Supervisor is not permitted. In the event the medical documentation provided by the employee is insufficient or incomplete, a request to

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the employee's medical provider or professional consultant for additional information will be made by the Department of Human Resources.

- C. The Manager/Supervisor will initiate the Department Review and Action Form by completing the checklist section of the form. When completed, the Manager/Supervisor will forward the employee's Request for Disability Related Accommodations, the Department Review and Action Form, medical documentation and attachments to the Department Head and copies to the Human Resources Department.
- D. The Department Head, Manager/Supervisor and Human Resources representative will meet to review the employee's Request for Disability Related Accommodations and the Department Review and Action Form. This initial meeting should take place within five (5) working days of receipt of the employee's Request for Disability Related Accommodations, the Department Review and Action Form and all supporting documentation.
- E. At the conclusion of the review of the Request for Disability Related Accommodations, the Department Review and Action Form and supporting documentation by the Department Head, Manager/Supervisor and Human Resources representative, a confidential file for the employee is created and maintained in the Human Resources Department;
- F. The Approving Authority, in most cases the Department Head, will make a recommendation within ten (10) working days of receipt of the employee's Request for Disability Related Accommodations and all supporting documentation. This action is accomplished by the Department Head completing the Approving Authority section of the Department Review and Action Form.
 - 1. If the request is approved, the Department Head will issue a memorandum to the Manager/Supervisor, copying the employee, appropriate administrative staff and the Human Resources Department indicating the employee's condition meets ADAAA guidelines for a reasonable accommodation.
 - 2. If the request is disapproved, the Department Head will issue a memorandum to the Manager/Supervisor, copying the employee, appropriate administrative staff and the Human Resources Department with an explanation for denial. The explanation should state the specific reasons for denial.
- G. If approved for a reasonable accommodation, the Manager/Supervisor will initiate the interactive process with the employee. This process will include, but is not limited to, the following:
 - 1. Analysis of the job functions and establishment of essential and non-essential tasks;

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2. Identification of precise job limitations and/or restrictions;
3. Identification of possible accommodation and assessment of how each will enable the employee to perform the job functions;
4. The Manager/Supervisor, after consultation with the employee, suggests a reasonable accommodation or a choice of reasonable accommodations and initiates approval through the appropriate Department Head;
5. Implement reasonable accommodations for the employee and the operational needs of the City;
6. All documentation is sent to the Human Resources Department for retention; examples include type(s) of accommodation provided, the cost, the sources of technical assistance if any, rehabilitation counselor, Job Accommodation Network; and
7. Approved request for accommodations will be reviewed annually or on an as needed basis by the Department Head and the Human Resources Department.

VI. EEOC GUIDELINES ADDRESSING UNDUE HARDSHIP

The only statutory limitation on an employer's obligation to provide "reasonable accommodation" is that no such change or modification is required if it would cause "undue hardship" to the employer. "Undue hardship" means significant difficulty or expense and focuses on the resources and circumstances of the particular employer in relationship to the cost or difficulty of providing a specific accommodation. Undue hardship refers not only to financial difficulty, but to reasonable accommodations that are unduly extensive, substantial, or disruptive, or those that would fundamentally alter the nature or operation of the business. An employer must assess on a case-by-case basis whether a particular reasonable accommodation would cause undue hardship.

VII. APPEAL OF DECISION:

The employee may appeal the denial of a request for a reasonable accommodation. The appeal process is as follows:

- A. The employee must file an appeal on the Request for Disability Related Accommodations Appeal Form and submit to the Department Head within five (5) working days of notification of the decision.
- B. The employees' request shall include the reasons for reconsideration, any additional support documentation, and if appropriate, alternative suggestions for a reasonable accommodation.
- C. The Department Head will notify the employee with a decision within five (5) working days of receipt of the appeal form and all supporting documentation.

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The decision of the Department Head constitutes the final administrative action.

- D. The Department Head will forward copies of the appeal process documentation to the Human Resources Department for retention.

VIII. ALLEGATIONS OF DISCRIMINATION AND/OR DISCRIMINATORY HARASSMENT:

If the employee alleges discrimination/harassment, an investigation will begin immediately by the City's EEO Officer in accordance with City Policy.

IX. MANAGER / SUPERVISOR CONSULTATION AND ASSISTANCE

Managers/Supervisors should contact their Department Head, Human Resources or EEO Compliance and Training Officer for consultation and assistance. These individuals will:

- A. Provide and discuss the reasonable accommodation guidelines of the ADAAA with the Manager/Supervisor to ensure their awareness of the City's responsibilities;
- B. Discuss the need to document the steps in the process and accurately record all proceedings; and
- C. Serve as a resource for questions and additional information throughout the process.

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City of Hampton Request for Disability Related Accommodations

Employee Name:	Employee Number:	Date of Request:
Department:	Division:	Supervisor Name:

1. Accommodations Requested: Please identify the impairment(s) that you believe are affecting your ability to perform your job duties and which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.

2. Describe the accommodation you are requesting:

3. Describe how the accommodation you are requesting will enable you to perform the essential functions of your job. Please be specific.

4. Do you anticipate this accommodation to be temporary in nature, or do you anticipate that you will need this accommodation for an extended period of time?

Employee Signature: _____	Date: _____
Manager/Supervisor Signature: _____	Date: _____
Department Head Signature: _____	Date: _____
Human Resources Representative Signature : _____	Date: _____

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**CITY OF HAMPTON
Request for Disability Related Accommodations
Department Review and Action**

Employee Name:	Employee Number:	Date of Request:
Department:	Division:	Supervisor Name:

Manager/Supervisor Checklist:

- | | | |
|---|-----|----|
| 1. Job Description with essential functions attached: | Yes | No |
| 2. Essential functions discussed with employee: | Yes | No |
| 3. Requested Accommodations attached: | Yes | No |
| 4. Medical Documentation attached: | Yes | No |

Manager/Supervisor Signature: _____ Date: _____

Department Head Review

Name:

Department Head Signature: _____ Date: _____

Approving Authority

Name and Title of Approving Authority: _____

Reasonable accommodation: (*Check one*) Approved Disapproved (If disapproved, attach a copy of the written memo stating reason.

Request for reasonable accommodation denied because: (*You may check more than one box*) Accommodation ineffective Medical documentation inadequate Accommodation would require removal of an essential function or otherwise would require lowering of performance or production standard Accommodation would cause undue hardship.

Approving Authority Signature: _____ Date: _____

Human Resources Representative Signature: _____ Date: _____

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**CITY OF HAMPTON
Request for Disability Related Accommodations
Appeal Form**

Employee Name:	Employee Number:	Date of Appeal:
Department:	Division:	Supervisor Name:

APPEAL OF DECISION:

1. If the employee wishes to appeal the Department Head's denial of a request, the employee must file an appeal with the Department Head within five (5) working days of notification of the decision.
2. The employee request shall include the reasons for reconsideration and if appropriate, alternative suggestions for a reasonable accommodation.
3. The Department Head will notify the employ with a decision within five (5) working days of receipt of the appeal and all supporting documentation. The decision of the Department Head constitutes the final administrative action.
4. Copies of the appeal process documentation will be sent to the Human Resources Department for retention.

Employee:

What are your reasons for reconsideration and if appropriate, please list alternative suggestions for a reasonable accommodation?

Employee Signature: _____ Date: _____

Department Head Name : _____

Appeal of Decision: (*Check one*) Approved Disapproved (If disapproved, attach a copy of the written memo stating reason).

Comments:

Department Head Signature: _____ Date of Review: _____

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**CITY OF HAMPTON
Request for Disability Related Accommodations
Annual/Periodic Review of Reasonable Accommodations**

Employee Name:	Employee Number:	Date:
Department:	Division:	Department Head Name:

Date Original Request for Accommodation Approved: _____

Date of Periodic Review: _____

After a review of the employee's Request For Reasonable Accommodation file, the following has been determined:

- New/Additional medical/diagnostic documentation is **not** required to continue the accommodation.
- Additional Medical/Diagnostic documentation is required.
- Other

Additional Documentation: The Approving Authority is requesting the following documentation. Requested documentation should be received within ten (10) working days of the date of Periodic Review:

Approving Authority

Name and Title of Approving Authority: _____

Continuation of reasonable accommodation: (*Check one*) Approved Disapproved (If disapproved, attach a copy of the written memo stating reason.

Department Head Signature: _____ Date: _____

Human Resources Representative Signature: _____ Date: _____

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