



COUNTY OF DUTCHESS
HUMAN RESOURCES

Memo

To: Dutchess County Employees

From: Jody Miller, Human Rights/EEO Officer 

Date: June 16, 2020

Re: Americans with Disabilities Act (ADA) Accommodation request

Attached please information about the Americans with Disabilities Act (ADA), the ADA accommodation request review process and 3 forms to complete so that your request for an accommodation under the Americans with Disabilities Act (ADA) can be reviewed. They include:

1. Purpose of the Americans with Disabilities Act (ADA)
2. DC ADA Accommodation Request Review Process
3. Employee form – please complete this yourself
4. Medical professional form – please have your medical professional complete in its entirety
5. Medical release – please complete; it is utilized only if additional questions come up during the team process.

Please return all forms to me via e-mail. Once all forms are received, the ADA Accommodation team will meet to review your request. The team includes a representative from your department, a representative from the County Attorney's office, your Human Resources liaison and myself. I will be in touch with you after the team meets.

If you have any questions, please do not hesitate to contact me at 486-2165 or jmiller@dutchessny.gov.



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Purpose of the Americans with Disabilities Act (ADA)

The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. It allows:

- People with disabilities to do their work,
- People to participate fully in the workforce and have access to the benefits & privileges of employment,
- People to stay employed.

Under the ADA, an employer is generally required to provide a reasonable accommodation for an employee with a disability so that the employee can perform his or her job functions and enjoy the benefits and privileges of employment unless doing so would cause undue hardship for the employer in the form of a significant difficulty or expense.

Definition: The ADA defines a person with a disability as a person who:

- Has a physical or mental impairment that substantially limits one or more major life activity,
- This includes people who have a record of such impairment, even if they do not currently have a disability,
- It also includes individuals who do not have a disability but are regarded as having a disability.

The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability.

Confidentiality of Medical Information

Medical records are confidential. The basic rule is that with limited exceptions, employers must keep confidential any medical information they learn about an applicant or employee. Information can be confidential even if it contains no medical diagnosis or treatment course and even if it is not generated by a health care professional. For example, an employee's request for a reasonable accommodation would be considered medical information subject to the ADA's confidentiality requirements.

The ADA allows disclosure of this information only in the following circumstances:

- Supervisors and managers are key informants in reasonable accommodations,
- First aid and safety personnel may be told, when appropriate, if the disability might require emergency treatment,
- Government officials investigating compliance with the ADA must be given relevant information on request,
- Employers may give information to state workers' compensation offices, state second injury funds, and workers' compensation insurance carriers in accordance with state workers' compensation laws, and
- Employers may use the information for insurance purposes,
- Information remains confidential even if someone is no longer an applicant or an employee. Information about an employee's disability or medical condition will not be shared with co-workers.



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Americans with Disabilities Act (ADA) Accommodation Request Review Process

Definition: The ADA defines a person with a disability as a person who:

- Has a physical or mental impairment that substantially limits one or more major life activity,
- This includes people who have a record of such impairment, even if they do not currently have a disability,
- It also includes individuals who do not have a disability but are regarded as having a disability.

The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability.

The functions of the team review process are to determine:

1. Whether an individual has a qualifying disability,
2. Whether an accommodation is necessary,
3. Which accommodation is reasonable,
4. What is the appropriate accommodation.

Medical documentation we review should explain:

1. The nature, severity and duration of the disability or impairment,
2. Recommended accommodations to overcome functional limitations related to disability,
3. Extent to limitation on performance of job duties,
4. Expected duration of medical condition or disability.

The accommodation requested with an explanation as to how the accommodation will assist the individual in performing the essential functions of the job.

An accommodation may be denied when:

1. The individual is determined not to have a disability, as defined under the ADA,
2. The agency is not provided sufficient information to make a disability or a reasonable accommodation determination,
3. The person cannot perform the essential functions of the job with or without an accommodation and reassignment efforts were unsuccessful,
4. The employee declined an effective accommodation,
5. The accommodation creates an undue hardship,
6. The individual posed a direct threat to health or safety,

Request for Accommodation Based on Disability

Americans with Disabilities Act



Date: _____	Department: _____
Name: _____	Title: _____
Address: _____ _____	Work Location: _____
Personal Phone: _____ <input type="checkbox"/>	Supervisor: _____
Personal E-mail: _____ <input type="checkbox"/>	Work Phone: _____ <input type="checkbox"/>
	Work Email: _____ <input type="checkbox"/>

Please check the box for preferred method of contact.

◆ Questions to clarify accommodation requested.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

◆ Questions to document the reason for accommodation request.

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

What limitation is interfering with your ability to perform your job or access an employment benefit, and how will the accommodation assist you in performing your job or accessing a benefit?

Request for Accommodation *continued*

Have you had any accommodations in the past for this same limitation? Yes No

If **yes**, what were they and how effective were they? Have circumstances changed recently that require an amendment to past accommodation? If so, what changed?

If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide us with a brief description of your job responsibilities.

How long do you anticipate the need for an accommodation?

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

Please provide us with relevant documentation in support of this particular request.

Employee/Applicant Signature

County of Dutchess Department of Human Resources 22 Market Street Poughkeepsie, NY 12601	MEDICAL INQUIRY FORM IN RESPONSE TO AN EMPLOYEE ACCOMMODATION REQUEST
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Employee's Name:	
Employee's Job Title:	

A. Questions to help determine whether the employee has an ADA qualified disability.

For reasonable accommodation under the Americans with Disabilities Act, an employee **has a disability if he or she has an impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.** Under the 2008 Amended Act the term "substantially limits" is not meant to be a demanding standard. It should be construed liberally and broadly in favor of expansive coverage. The following questions help to determine whether an employee has a disability that is not self evident.

In your opinion, does the employee have a physical or mental impairment within the definition above, and as contained in the ADA or New York State Human Rights Law?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <small>(go no further and sign form on back)</small>
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What is the restriction the person experiences because of this disability?

What is the cause of the restriction or disability that impedes the person's ability to do their job?

What is the expected duration of the disability?

Permanent
 Expected to last _____ months.
 Intermittent
 Unknown at this time

Comments on duration:

B. Questions to determine whether an accommodation is needed.

An employee is entitled to an accommodation only when an impairment created by the disability affects their ability to perform their **essential job duties** (see attached job description) or to enjoy equal benefits and privileges of employment as enjoyed by other similarly situated employees without disability. The following questions help to determine whether a requested accommodation is needed because of the employee's disability.

Answer the following questions based on the employee's limitations when his or her condition is in an **active state with no mitigating measures in use**. Mitigating measures would include medications, medical equipment, hearing aids, mobility devices, the use of assistive technology, auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures **do not include** ordinary eye glasses or contact lenses.

What functional limitation is interfering with the employee's ability to perform the essential functions of his/her position and/or to enjoy the benefits and privileges of employment? (may list more than one)

How does the employee's functional limitation(s) interfere with his/her ability to perform the job function(s) and/or to enjoy the benefits and privileges of employment?

C. Questions to determine effective accommodation options.

If an employee has a disability and needs an accommodation to perform their job because of the disability, the employer must provide a reasonable accommodation unless that accommodation would pose an undue hardship. The following questions will help to determine an effective accommodation.

In your opinion, what types of accommodation does the employee need to perform their essential job functions and /or to enjoy the benefits and privileges of employment and how does it directly affect the previously described functional limitation(s)?

Are you aware of any organizations, services, or products that are available in this area?

D. Other comments and signature

Please include any other comments concerning accommodation for this employee:

Medical Professional's Signature:

Medical Professional's Printed Name:

License Number:

Date:

AUTHORIZATION FOR LIMITED RELEASE OF MEDICAL INFORMATION



I, _____, authorize the designated health care professional(s) to release medical records related to my request for a reasonable accommodation to DUTCHESS COUNTY:

Please provide information on all providers related to the requested accommodation.

NAME	ADDRESS	PHONE

DUTCHESS COUNTY will use this information to:

- ✓ Confirmation that my medical condition is a disability under the Americans with Disabilities Act, as amended;
- ✓ The functional limitation(s) or work related restrictions associated with the stated disability;
- ✓ Why the requested reasonable accommodation is needed;
- ✓ Clarification of any medical information previously submitted to Dutchess County;
- ✓ Recommendations regarding alternative accommodations.

I understand that the information that is collected and discussed is to be treated with confidentiality and will not be shared with co-workers. However, directly relevant information may be shared with supervisors/managers; with those responsible for emergency treatment; and the ADA Accommodation Review Team to make decisions, or provide advice on matters relating to my request for reasonable accommodation.

This release terminates 90 days after the date of the signature below.

Employee/Applicant Signature

Date

Witness Signature

(_____)
(Printed Name)

Date