1.11 Americans with Disabilities Act

I. Purpose

This policy establishes a process to ensure compliance with federal guidelines regarding access for individuals with disabilities.

II. Scope

This policy is applicable to all employees and activities of the college.

III. General

It is the policy of Bucks County Community College to comply with the Americans with Disabilities Act of 1990 (ADA) and its updated regulations of 2010, Section 504 of the Rehabilitation Act of 1973, and other applicable federal and state laws and regulations that prohibit discrimination on the basis of disability.

Section 504 and the ADA require that no qualified person shall, solely by reason of disability, be denied access to, participation in, or the benefits of, any program or activity operated by the college. Each person with a qualifying disability shall receive reasonable accommodation(s) necessary to ensure equal access to employment, educational opportunities, programs, services, and activities in the most integrated setting appropriate. Bucks County Community College recognizes that the responsibility for accommodation of students with qualifying disabilities must be assumed and shared by all members of the college community.

The college will act in accordance with this policy in all areas of its operation, including but not limited to access to college events and services, facilities modifications, training of employees, adoption of instructional resources, and all procurement actions.

*A person with a disability is defined as "a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having an impairment."

As President, I have designated the following individual to coordinate the College’s compliance:

Dr. Patricia Brining
Executive Director of Human Resources & Equity Compliance Officer
Bucks County Community College
275 Swamp Road
Newtown, PA 18940-4106
215-968-8091; 215-504-8506 (fax)
patricia.brining@bucks.edu

Should you wish to notify us of barriers that may exist in equal access to any program, service, or activity offered by the College or to obtain information regarding the provisions of the Americans with Disabilities
Act and your rights, you are encouraged to contact the ADA Coordinator listed above. If you feel that you need a reasonable accommodation as a result of your disability to allow you to perform the essential functions of your position, please follow the attached ADA procedure for requesting a reasonable accommodation.

Dr. Stephanie Shanblatt, President

IV. Procedures

Student Procedure

Student Requests for Accommodations and Appeals procedures may be found at http://www.bucks.edu/student/accessibility/student-info/#ada

Employee/Applicant Procedure

Requesting Reasonable Accommodation:

The Americans with Disabilities Act of 1990 requires employers to provide "reasonable accommodation" to qualified individuals with disabilities who are employees or applicants unless to do so would cause an "undue hardship." The term reasonable accommodation generally is any change in the work environment or in the way things are customarily done that enables a disabled employee to enjoy equal employment opportunities. The provisions of this law apply in all areas of employment, including:

1. Recruitment and hiring;
2. Compensation;
3. Promotion and reclassification;
4. Job assignments;
5. Job descriptions;
6. Leaves of absence, sick leaves;
7. Fringe benefits; and
8. Training and professional development opportunities.

The College must analyze each request for accommodation on a case-by-case basis and make a good faith effort to reasonably accommodate a qualified employee or applicant with a disability.

As a general rule, the individual with a disability must inform the employer that an accommodation is needed since employers are only obligated to provide reasonable accommodation of known disabilities. Under the ADA, the employer and the employee must engage in an informal interactive process to clarify what the individual needs and identify the effective reasonable accommodation. The employer may ask questions about the nature of the disability and the individual's functional limitations in order
to identify an effective accommodation. Further, if the disability and/or need for an accommodation are not obvious, the employer may ask for more information including documentation to establish that the person has a disability and that it necessitates a reasonable accommodation. At its discretion, the College may require that the documentation about the disability and the functional limitations come from an appropriate health care or rehabilitation professional.

The employer is not required to provide the reasonable accommodation that the individual requests. Rather, the employer may choose among reasonable accommodations as long as the chosen accommodation is "effective," i.e., it would remove a workplace barrier, thereby providing the individual with an opportunity to perform the essential functions of the position. The employer may choose a less expensive or burdensome accommodation among available effective reasonable accommodations.

**REASONABLE ACCOMMODATION PROCESS**

1. **Initiation of the Request for Reasonable Accommodation**

   (Informal) – Supervisor or ADA Coordinator

   An employee is encouraged to discuss or provide a written request to his/her immediate supervisor. Should the employee prefer, they may directly contact the ADA Coordinator. An applicant may contact the hiring manager or the ADA Coordinator. An informal meeting will convene with the employee/applicant to clarify what the individual needs and possibly identify the effective reasonable accommodation.

   (Formal) – ADA Coordinator

   A. If possible, the employee/applicant should complete the Request for Accommodation Form and submit it to the ADA Coordinator. Discussions regarding accommodation will not be delayed pending receipt of a completed "Request for Accommodation" form.

   The ADA Coordinator may require the employee to submit documentation regarding the disability and the requested accommodation. To expedite the request, the employee/applicant should have his/her physician complete the Medical Inquiry Form. If possible, the employee/applicant should provide a copy of the position description to the physician along with the form.

   The Medical Inquiry form should include current documentation from a health care provider that:

   - States the nature of the disability in order to establish that the individual has a mental or physical impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.
   - Explains the functional limitations the employee has as a result of their disability as it relates to the job duties.
   - Suggests accommodations that would remove the barriers to the employee/applicant's ability to perform the essential functions of the job.

   B. Both forms (the Request for Accommodation and Medical Inquiry) and other supporting documentation should be sent to the ADA Coordinator.
C. The ADA Coordinator or designee will objectively investigate the request, meet with the employee and supervisor if necessary, and review any supporting documentation.

2. Essential Job Function Analysis Conducted by the College and Determination of the Request For Reasonable Accommodation

The ADA Coordinator may contact the department and conduct an essential job function analysis if needed to supplement or clarify the job description. The College retains the right to establish the essential job functions of the position for which a request for accommodation has been made.

Job functions which are fundamental to a position and which an employee must be able to perform with or without reasonable accommodation are deemed as “Essential.” A job function may be essential because:

a. It is the sole reason the position exists;
b. There are a limited number of employees, so the function cannot be assigned to someone else;
c. It is a highly specialized function that the incumbent was hired to perform because of his or her specialized skills;
d. The amount of time spent performing the function is significant; or
e. The consequences of not performing the function are serious.
f. Essential job functions are identified in each position description.

To render a determination of the accommodation request, the following steps shall be taken:

- A review by a College-designated health professional may be required to substantiate that the employee has a disability and needs a reasonable accommodation.
- After completing the accommodation review, the ADA Coordinator or designee shall prepare a response to the employee/applicant's request. The response will be prepared within 30 calendar days unless an extension is requested. The response will go to the employee/applicant and employee's supervisor. The ADA Coordinator or designee will work with the employee/applicant and the supervisor to implement any agreed accommodation, to monitor the effectiveness of the accommodation and to update it periodically if needed. A particular accommodation request may not be granted if it presents an undue hardship to the College.
- The College Administration retains discretion to select an accommodation which is deemed to be effective in removing the workplace barrier that is impeding the individual with a disability giving due consideration to the preferences of the employee or applicant.

Any questions regarding this process should be directed to the College's ADA Coordinator.

3. Complaint Procedure

If the employee is not satisfied with the results of the accommodation request, he/she can make a written appeal to the ADA Coordinator within 14 calendar days unless an extension is requested. The ADA Coordinator shall issue a written response within 14 calendar days of receiving the appeal unless an extension is requested.
This form must be used by college employees and/or applicants for employment who believe they have a disability and wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA) or other applicable State and Federal civil rights laws. By considering this request, the College does not consider or regard the person making the request as having a disability as defined by state law, including the Pennsylvania Human Relations Act, and with federal law, including Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967 and the Americans with Disabilities Act of 1990 or any other applicable law.

The purpose of this form is to assist the College in determining whether, or to what extent, a reasonable accommodation is appropriate for an employee or applicant for employment. This form must be maintained separately from the employee's personnel file and is a confidential document.

To be eligible for an ADA accommodation, you must be 1) qualified to perform the essential functions of your position and 2) have a disability that limits a major life activity or function. The ADA Coordinator/Designee will review each request on an individualized case-by-case basis to determine whether or not an accommodation can be made.

**Employee/Applicant Information** (Please type information or print legibly)

Name: ___________________________________________ Last First Middle

Employee ID: ___________________________ Job Title: ___________________________

Supervisor: ___________________________ Department: ___________________________

Bucks Email: ___________________________ Home Email: ___________________________

Cell Phone: ___________________________ Home Phone: ___________________________

Street Address: ___________________________________________________________

City: ___________________________ State: __________ Zip: __________

Data Privacy Statement: This information may be used by the Bucks County Community College human resources representative, ADA Coordinator or designee, legal counsel, or any other individual who is authorized by BCCC to receive medical information for purposes of providing reasonable accommodations under the ADA. This information is necessary to determine whether you have a disability as defined by the ADA, and to determine whether any reasonable accommodation can be made. The provision of this information is strictly voluntary; however, if you refuse to provide it, Bucks County Community College may refuse to provide a reasonable accommodation.
Questions to clarify accommodation requested:

1. Identify the physical and/or mental impairment(s) for which you are requesting an accommodation and expected prognosis/duration of the impairment(s).

2. What specific accommodation are you requesting?

3. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore.
   
   a. If yes, please explain.

Questions to document the reason for the accommodation request: (please attach additional pages if necessary)

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

2. What, if any, employment benefit are you having difficulty accessing?

3. What limitation as result of your physical or mental impairment is interfering with your ability to perform your job or access an employment benefit?

4. If you are requesting a specific accommodation, how will that accommodation be effective in allowing you to perform the functions of your job?
Information Pertaining to Medical Documentation:

In the context of assessing an accommodation request, medical documentation may be needed to determine if the employee has a disability covered by the ADA and to assist in identifying an effective accommodation.

This authorization does not cover, and the information to be disclosed should not contain, genetic information. “Genetic Information” includes: Information about an individual’s genetic tests; information about genetic tests of an individual’s family members; information about the manifestation of a disease or disorder in an individual’s family members (family medical history); an individual’s request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Employee/Applicant Signature:________________________  Date:________________________
Accommodation Request Release Form

I, __________________________________________, give Bucks County Community College permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

______________________________________________  ________________
Employee/Applicant Signature                     Date
Reasonable Accommodation Agreement

This form is to be completed by the College’s ADA Coordinator after the reasonable accommodation decision has been made. The signatures on the bottom of this form indicate consent by the employee/applicant and the College to the specific accommodation.

<table>
<thead>
<tr>
<th>Name of Employee/Applicant</th>
<th>Name of Manager/Supervisor</th>
</tr>
</thead>
</table>

The request for reasonable accommodation to the needs of the above named employee/applicant with a disability was:

- [ ] ACCEPTED
- [ ] DENIED

Rationale for the decision (indicate specific factors considered):

If reasonable accommodation was approved, was the employee’s/applicant’s suggestions accepted?

- [ ] YES
- [ ] NO
- [ ] PARTIALLY

RATIONALE:

COST ESTIMATE:

I have read the employee/applicant request for reasonable accommodation. I understand that all tangible accommodations purchased by the College will become the property of the College. I understand that future circumstances may cause this agreement to be changed or cancelled.

<table>
<thead>
<tr>
<th>Signature of Employee/Applicant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of ADA Coordinator</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Manager/Supervisor</td>
<td>Date</td>
</tr>
</tbody>
</table>
Health Care Provider Release Form

I, _____________________________________ (employee/applicant), give Bucks County Community College permission to contact the following care providers to receive medical records and to discuss my medical condition. I understand the reason for this contact is to advise the College about my functional abilities and limitations in relation to my job functions. The records and medical information are limited to that information which that Bucks County Community College needs to know to assess my reasonable accommodation request.

(Please provide the full name, address and telephone number of all applicable providers.)

1. ___________________________________________________________________________________

2. ___________________________________________________________________________________

I understand this is the College’s attempt to obtain the following medical information (as indicated):

___ Confirmation that my medical condition is a disability under the ADA, as amended;
___ The functional limitation(s) or work related restrictions associated with the stated disability;
___ Why the requested reasonable accommodation is needed;
___ Clarification of medical information previously submitted to the College; or
___ Recommendations regarding alternative accommodations.

Bucks County Community College will only request medical information that is directly related to the aforementioned.

I understand that the information that is collected and discussed is to be treated with confidentiality. However, directly relevant information may be shared with supervisors/managers; others who need to know to address work restrictions and/or accommodations.

I understand that the College may provide the health care provider with specific information about the position, including the essential functions and specific requirements.

____________________________________________  __________________
Employee/Applicant Signature       Date
MEDICAL INFORMATION FORM
ADA Accommodation Request

SECTION I: For Completion by the EMPLOYEE

Your Name: 

First MI Last Employee ID Number

Your Job Title & Department: 

Your Regular Work Schedule: 

* If possible, please attach a copy of your official Bucks County Community College Job Description to the back of this document.

NOTE: the information sought on this form pertains only to the condition for which the employee is requesting accommodation under the Americans with Disabilities Act. A “Health Care Provider Release” form is attached.

SECTION II: For Completion by the HEALTH CARE PROVIDER

Instructions to the Physician:

A request for a reasonable accommodation has been made by our employee. In order to assist with the interactive process, we are requesting you to provide feedback to the following questions based on your medical expertise. Please answer the questions on this form to help determine disability and reasonable accommodation.

Background:

An employee has a disability if he or she has an impairment that substantially limits one or more major life activities, or has a record of such an impairment. “Substantially limits” under the ADA has been broadened to allow someone with an impairment to be “regarded as” having a disability, even without the perception that the impairment limits a major life activity, provided that the impairment does not have an actual or expected duration less than or equal to six months.

The Americans with Disabilities Act (ADA) provides examples of “major life activities,” including “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.”

Provider Name (please print): 

Type of Practice / Medical Specialty: 

Business Address: 

Phone: Fax: 

(continued next page)
### MEDICAL INQUIRY FORM

**ADA Accommodation Request**

**SECTION II (cont.):** For Completion by the HEALTH CARE PROVIDER

1. Does the employee have a physical or mental impairment?  
   - Yes  
   - No

2. Please describe the employee’s medical condition.  
   
   

3. When did the medical condition begin?  
   
   

4. How long is it expected to last?  
   
   

5. Please describe the major life activities (e.g., breathing, eating, sleeping, walking, talking, manual tasks, etc.) that are substantially limited by the medical condition or accompanying treatment.  
   
   

6a. Please review the attached job description. (If no job description is attached, please discuss the position with the employee to determine essential job duties and typical schedule.) Is the employee able to perform the essential functions of this position in a typical schedule with, or without, reasonable accommodation?  
   - Yes, with reasonable accommodation  
   - Yes, without reasonable accommodation  
   - No, they are unable to perform their essential job functions with or without accommodation.

6b. If No, how long will the employee remain unable to perform these job functions?  
   - # of weeks  
   - # of months  
   - Permanently

6c. If Yes, what adjustments to the work environment or position responsibilities would enable the employee to perform these job functions?  
   
   

6d. If Yes, how long will the employee need the reasonable accommodation to perform these job functions?  
   - # of weeks  
   - # of months  
   - Permanently

7. Additional Comments or Suggestions (if needed, please attach additional information):  
   
   

Healthcare Provider Signature: ____________________________  
Date: __/__/____

When form is complete, please either: Mail to Bucks County Community College, Attn: Executive Director, HR & Equity Compliance Officer, 275 Swamp Road, Newtown, PA 18940-4106; Fax to (215) 504-8506; or Email to patricia.brinee@bucks.edu. If you have questions, please contact: (809) 968-8091.
V. Approval:  Board of Trustees, October 9, 2014

VI. Responsibility:  President