

<b>CITY OF APPLETON PERSONNEL POLICIES</b>	<b>TITLE: AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE POLICY</b>	
ISSUE DATE: (Day after Council)	LAST UPDATE: June 2003 December 2008 May	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: Applies to all employees and volunteers	TOTAL PAGES: 11
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## I. PURPOSE

To outline the practices and procedures that are utilized by the City of Appleton to determine if people with disabilities can be provided with reasonable accommodations.

## II. POLICY

The City of Appleton will adhere to all applicable Federal and State laws, regulations, and guidelines with respect to providing reasonable accommodations to people with disabilities as required (where accommodations do not cause an undue burden on the City) to afford equal opportunity for all.

## III. DISCUSSION

The Americans with Disabilities Act (1990) prohibits discrimination on the basis of disability in employment, public services and transportation, public accommodations, and telecommunication services.

The ADA is divided into five titles:

- A. Title I of the ADA ensures that individuals with disabilities be judged solely on their ability to perform essential job functions with or without a reasonable accommodation. Title I prohibits discrimination in all aspects of employment, including: advertising, recruiting, job application process, hiring, training, advancement, compensation, leaves, fringe benefits, layoffs, firing, access to workplace facilities and any other terms, conditions, or privileges of employment.

- B. Title II prohibits excluding qualified individuals ~~with disabilities~~ **on the basis of disability** from participating in or being denied benefits of public service.
- C. Title III prohibits disability discrimination against customers, clients, or visitors.
- D. Title IV addresses adequate telecommunication services ~~for disabled individuals.~~ **on the basis of disability.**
- E. Title V contains a number of miscellaneous provisions. It assures that the ADA does not limit or invalidate other Federal or State laws.

#### IV. DEFINITIONS

- A. Disability – A physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record or history of such an impairment; or being regarded as having such an impairment. Those individuals covered under this policy solely due to being “regarded as having a disability” are not entitled to a reasonable accommodation.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. The definition should be interpreted broadly.

- B. Major life activities – **include but are not limited to** ~~functions such as~~ caring for oneself, performing manual tasks, walking, **standing, lifting, bending**, seeing, hearing, eating, sleeping, speaking, breathing, learning, working, reading **concentrating, thinking** and communicating. Also included are **the operation of** major bodily functions, **including but not limited to, the** immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- C. Substantially limits – unable to perform a major life activity that the average person can perform **as well as an impairment that is episodic or in remission if it would substantially limit a major life activity when active, based on an individualized assessment.** ~~or being significantly restricted as to the condition, manner, or duration under which a major life activity can be undertaken.~~
- D. **Regarded as: subjected to an action prohibited under the statute (e.g., termination; failure to hire) because of an actual or perceived impairment and the impairment must not be one that is minor or transitory (actual or expected duration of 6 months).**
- E. Reasonable accommodation – any change in the work environment or in the way things are customarily done that would enable a qualified individual ~~with a~~ **on the basis of** disability to enjoy equal employment opportunities, and access to public

facilities, services and meetings.

- F. Direct threat – a significant risk of substantial harm to the health or safety of others that cannot be eliminated or reduced by reasonable accommodations.
- G. Essential functions – the fundamental job duties of the position that must be performed for the position to exist.
- H. Undue hardship – an action requiring significant difficulty or expense when considered in light of factors such as an employer’s size, financial resources, and the nature and structure of its operation. The determination of undue hardship is always made on a case-by-case basis.
- I. Qualified individual ~~with a~~ **on the basis of** disability – an individual with a disability is qualified if (1) she/he satisfies the requisite skill, experience, education and other job-related requirements of the position; and (2) she/he can perform the essential functions of the position, with or without reasonable accommodation.

## V. PROCEDURES

### A. Requests for reasonable accommodation

- 1. A request for reasonable accommodation is a statement that an individual needs an adjustment or change at work, in the application process, in a benefit or privilege of employment for a reason related to a medical condition, or access to buildings, services, etc. The reasonable accommodation process begins as soon as the request **for** accommodation is made.

A request does not have to use any special words, such as “reasonable accommodation” or “disability.” An individual with a disability may request a reasonable accommodation whenever she/he chooses, even if she/he has not previously disclosed the existence of a disability.

### B. Hiring/Promotions

- 1. Applicants/employees will be asked questions regarding their ability to perform job-related functions. Interview questions will not be phrased in terms of a disability.
- 2. The City of Appleton will make reasonable accommodations on a case-by-case basis. The Human Resources Director will determine what constitutes a reasonable accommodation. The following guidelines have been established:

- a. An applicant/employee who needs an accommodation in the

employment/promotion selection process shall request the accommodation from the Human Resources Department. The job application will include these instructions so that an applicant/employee is aware of the necessary steps. (Reference Exhibit 1,2,3)

- b. An existing employee with a disability may request an accommodation from his/her supervisor or the Human Resources Department.
- c. Individuals from the general public may request an accommodation based on a qualifying disability. (Reference Exhibit 4 and 5).

- 3. All job descriptions have the essential functions of the job clearly listed and a job analysis is completed for each position.
- 4. The City of Appleton will conduct a medical examination only after a job offer has been made. Information on any medical condition of an applicant/employee is maintained by the City of Appleton's contracted Occupational Health Care Provider.

C. Public Services to Persons with Disabilities

- 1. The City of Appleton offers accessible public transportation as defined under the ADA 49 CFR Parts 37 and 38. All Valley Transit buses purchased after 1990 are equipped with required ADA accessibility features as specified in 49 CFR Part 38, Subpart B. Such accessibility features include, but are not limited to, wheelchair lifts, low floor bus designs with ramps for wheelchair accessibility, and accessible bus stop request signals. Also, for people with disabilities unable to use an accessible bus, there is a certification process available where a person may be determined to be eligible for complementary paratransit, as defined under 49 CFR Part 37.

D. Complaint Procedure

- 1. Employees, customers, citizens or visitors may file an informal complaints using the process outlined in the City of Appleton's Harassment and Discrimination Policy regarding discrimination based upon a disability. The policy may be obtained from the City Human Resources Department.
- 2. Employees, customers, citizens, or visitors may also file a formal complaints with the Equal Employment Opportunity Commission (EEOC).

U.S. Equal Employment Opportunity Commission  
1801 L Street, N.W.

F. Responsibilities

1. The Human Resources Department shall be responsible for:
  - a. providing guidance, training, and assistance to department heads, supervisors and employees on dealing with reasonable accommodations within their areas of responsibility;
  - b. investigating, resolving, and making findings and recommendations on complaints of discrimination based upon a disability;
  - c. determining reasonable accommodations of an individual upon the recommendation of the contracted Occupational Health Care Provider;
  - d. reviewing the job analysis of positions to determine the physical abilities required to perform the essential job functions;
  - e. coordinating reasonable accommodations for test administration and interview processes.
2. The Managers and Supervisors within the City of Appleton shall be responsible for :
  - a. conducting job-related interviews with the assistance of a Human Resources representative;
  - b. providing input to Human Resources regarding the essential functions of a job and how a reasonable accommodation may be implemented;
  - c. educating staff members on the practices and procedures laid out in this policy.
  - d. cooperating with and understanding the practices in this policy.

City of Appleton  
AMERICANS WITH DISABILITIES ACT – TITLE I  
EMPLOYEE REASONABLE ACCOMMODATION REQUEST

Department: \_\_\_\_\_ Job Class: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor\*: \_\_\_\_\_

Telephone Number: Work \_\_\_\_\_ Home \_\_\_\_\_

\*Please submit this form to Immediate Supervisor

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PART I: EMPLOYEE REQUESTING ACCOMMODATIONS

1. Please list accommodations requested and reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. A completed Physician’s Medical Leave of Absence and/or Return to Work form must be attached to this request. Copies of the form are available from the Human Resources Department.

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SIGNATURE

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DATE

City of Appleton  
AMERICANS WITH DISABILITIES – TITLE I  
EMPLOYEE REASONABLE ACCOMMODATION REQUEST

PART II: DEPARTMENT RESPONSE

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Supervisor's Phone#: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Requesting Employee's Name: \_\_\_\_\_

Accommodation Considered (for assistance call Human Resources):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Date of discussion with employee regarding this request: \_\_\_\_\_

2. Is this individual covered by ADA? \_\_\_ Yes \_\_\_ No

3. Was requested accommodation approved? \_\_\_ Yes \_\_\_ No\* (See note below)

4. If yes, what accommodations were provided? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If yes, what was the total cost in providing accommodation? \_\_\_\_\_

6. If yes, list date of accommodation: \_\_\_\_\_

7. If accommodations denied, list reasons for denial\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*The Department should consult with Human Resources staff prior to denial of an accommodation request. Department Heads must approve all denials of accommodation requests.

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE

To comply with the Americans with Disabilities Act (ADA) record retention requirements, please forward a completed copy of this form to Human Resources. The original copy may not be placed in the employee's file, as required by the ADA.

City of Appleton  
AMERICANS WITH DISABILITIES ACT (ADA) – TITLE I  
EMPLOYMENT APPLICATION PROCESS  
REQUEST FOR APPLICATION

Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_

An individual is protected under the ADA if he/she is a qualified individual **on the basis of** ~~with~~ a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position. ADA section 3(2) defines disability, with respect to the individual, as: a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such an impairment.

Please list the accommodations and reason for request:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



City of Appleton  
AMERICANS WITH DISABILITIES ACT (ADA) – TITLE II & III  
GENERAL PUBLIC  
REASONABLE ACCOMMODATION REQUEST

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Work \_\_\_\_\_ Home \_\_\_\_\_

An individual is protected under the ADA if he/she is a qualified individual ~~with a~~ **on the basis of** disability who, with or without reasonable accommodations, cannot perform essential functions. ADA section 3(2) defines disability, with respect to the individual, as: a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such an impairment.

Please list accommodation(s) requested and reason for request:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

City of Appleton  
AMERICANS WITH DISABILITIES – TITLE II & III  
REASONABLE ACCOMMODATION REQUEST

PART II: DEPARTMENT RESPONSE

Date: \_\_\_\_\_ Department: \_\_\_\_\_

Person Requesting Accommodation: \_\_\_\_\_

Accommodation Considered (for assistance call Human Resources):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Date of discussion regarding this request: \_\_\_\_\_

2. Is this individual covered by ADA? \_\_\_ Yes \_\_\_ No

3. Was requested accommodation approved? \_\_\_ Yes \_\_\_ No\* (See note below)

4. If yes, what accommodations were provided? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If yes, what was the total cost in providing accommodation? \_\_\_\_\_

6. If yes, list date of accommodation: \_\_\_\_\_

7. If accommodations denied, list reasons for denial\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*The Department should consult with Human Resources staff prior to denial of an accommodation request. Department Heads must approve all denials of accommodation requests.

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE

To comply with the Americans with Disabilities Act (ADA) record retention requirements, please forward a completed copy of this form to Human Resources.

**ACKNOWLEDGEMENT OF  
RECEIPT AND UNDERSTANDING OF  
CITY OF APPLETON ADA POLICY**

I, \_\_\_\_\_, acknowledge the receipt of a copy of the City of Appleton's Americans with Disabilities (ADA) policy and training.

I agree to follow the City of Appleton's rules and procedures as outlined in this policy.

I understand I will not be penalized for reporting conduct that I believe is forbidden by this policy.

I understand that should I have future questions, I may contact my supervisor, the Human Resources Department or the City Attorney's Office.

Employee Name printed: \_\_\_\_\_ Dept \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_