

City of Riverside, California
Human Resources Policy and Procedure Manual

Approved:

Human Resources Director

City Manager

City of Arts & Innovation

Number: III-7 Effective Date: 11/12

SUBJECT: REASONABLE ACCOMMODATION FOR ~~DISABLED~~ QUALIFIED APPLICANTS AND EMPLOYEES WITH DISABILITIES

PURPOSE:

The City of Riverside is committed to fostering an inclusive workplace. To make and ensuring that equitable, uniform consistent, and timely decisions are made to provide which will assure that reasonable accommodations to qualified applicants and employees with disabilities. These efforts are carried out in compliance with the are provided to disabled applicants and employees of the City as required by the Americans with Disabilities Act (the "ADA"), the disability provisions of the California Fair Employment and Housing Act ("FEHA"), and other applicable laws.

POLICY: _____

1. Basic Obligation

The City of Riverside continues to uphold its commitment ~~of to~~ nondiscrimination in its employment practices by ensuring that qualified individuals with disabilities have equal access to employment opportunities afforded available to other non-disabled qualified individuals.

As part of this ~~effort~~ commitment, the City is ~~obligated~~ required to ~~make~~ provide reasonable accommodations s for the known disabilities of qualified applicants and employees ~~to~~ enabling them to perform ~~a the position's~~ essential functions of their position, as required by law, without posing an undue hardship to the City.

2. Request for Reasonable Accommodation

~~It is the duty of a~~ An individual qualified applicant/employee is responsible for to requesting an reasonable accommodation by completing the Reasonable Accommodation Request Form and submitting it to the Human Resources Department. The City may also initiate a discussion ~~concerning~~ regarding the need for an accommodation when ~~an individual~~ the employee with a known disability is having experiencing job performance ~~problems~~ issues or appears to pose a direct threat to the health or safety of the ~~individual~~ employee, other ~~worker~~ employees, or the public.

When a supervisor ~~is made~~ becomes aware of a request for accommodation or

reasonably becomes aware of an employee's potential need for accommodation~~believes, based on reasonable information, that an accommodation may be necessary~~ based on available information, the supervisor must contact the Human Resources Department. A request for accommodation does not ~~have to use the term~~ need to include the specific term "reasonable accommodation." Human Resources will work collaboratively with the supervisor and management to evaluate and process the accommodation request or situation and determine if it can be reasonably accommodated.

The City's Employment Application shall include a statement indicating that the City shall consider any request for reasonable accommodation made by an applicant.

3. Necessary Information

An individual seeking a reasonable accommodation has the responsibility to understand ~~his or her~~their own physical or mental condition ~~well enough to present~~sufficiently to provide the City at the earliest opportunity with a clear and concise ~~list~~description of the work related restrictions that must be met to achieve a reasonable accommodation.

~~Where the~~When an accommodation request is unclear or ~~its~~the need for the accommodation is not obvious, the City may ~~request~~require that the individual document the need for the accommodation requested by providing documentation from a medical provider that specifies the physical and/or mental limitations. The City may not request medical diagnosis information ~~to~~for the purpose of determining whether the individual ~~is disabled~~has a disability. The City may ~~ask~~inquire the individual about the job work tasks that the individual he or she cannot perform ~~because due to of~~ the disability, the individual's ~~performance~~work related limitations due to the disability, and any limitations that impact the health or safety of the individual, other ~~worker~~employees, or the public.

~~If~~When necessary, and with the individual's consent, the City may ~~seek the consent of the individual to~~ communicate directly with the individual's medical provider to obtain clarification regarding functional limitations and accommodation needs. Such communication requires written consent of the individual.

If an individual fails to submit information that is legally requested and necessary for the ~~by the City and necessary for the~~ City to evaluate and process the accommodation request, ~~then~~ the City ~~will~~may be unable to determine whether a what, if any, reasonable accommodation is available.

If an individual requesting accommodation does not provide sufficient documentation from ~~his or her~~their medical provider, and continues ~~not to fail~~ to do so after the City's request, ~~s such documentation~~, the City may require the individual to undergo a medical examination to determine whether the individual can perform the essential functions of the position with or without reasonable accommodation.

When responding to any request for medical information, employees should be aware of the Genetic Information and Nondiscrimination Act:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the City requires that employees not provide any genetic information when responding to a request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services (29 C.F.R. § 1635.8).

4. Determining the Reasonable Accommodation

While processing a request for accommodation, Human Resources in collaboration with the ~~relevant~~ Department shall engage in an interactive process with the individual to determine the following:

- A. ~~Consult~~Discuss with the disabled individual ~~to identify~~ the individual's precise ~~job~~work-related limitations resulting from the disability, including the task or work environment factors that prevent the individual from performing the essential duties of the position;
- B. Analyze the position in question, including determining whether the job description is accurate or complete, and determine the position's essential functions;
- C. ~~Consult~~Discuss with the individual ~~to identify~~ potential accommodations and assess their feasibility and their effectiveness in enabling the individual to perform the essential functions of the position; and
- D. Consider the individual's preference and select the accommodation most appropriate for both the City and the employee. The City retains the discretion to choose among various effective accommodations.

Typical accommodations may include, but are not limited to, improving access to workplace facilities, making physically altering modifications to workplace facilities, modifying or providing ~~certain~~ equipment or assistive devices, reallocating non-essential job duties, altering work schedules, reassignment to a vacant position, ~~or~~ modifying tests or training materials, or approving leave of absence allowed under the City's leave policies (for employees). Whether ~~any of these accommodations is an accommodation is~~ reasonable depends on the specific ~~disability~~ limitations related to the individual's disability and the essential functions of the position ~~in question~~.

The City is not obligated or required to create a new job position, displace another

employee, or violate established seniority or related systems in order to provide a reasonable accommodation ~~one a disabled individual~~.

5. When Accommodation Not Required

A review of ~~a situation circumstances~~ may determine that a reasonable accommodation cannot be made because one or more of the following:

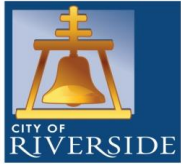
- A. The individual's condition is not a disability under the ADA and FEHA;
- B. The individual's condition does not result in limitations that prevent the individual from performing the essential duties of ~~his or her~~their position;
- C. No accommodation is available that is reasonable;
- D. The accommodation would create an undue hardship on the City;
- E. Allowing the disabled individual to work would create a direct threat to the health or safety of the individual, other ~~worker~~employees, or the public, and such threat cannot be eliminated or reduced by reasonable accommodation; or
- F. The individual failed to submit information legally requested by the City and necessary for the City to process the accommodation request.

6. Complaint

Any acts of unlawful discrimination should be promptly reported to upper management or to the Human Resources ~~Director~~Department. All complaints will be investigated pursuant to the City's ~~discrimination and H~~arassment ~~F~~ree Workplace ~~p~~Policy (III-6).

Employees and applicants are protected from retaliation for requesting an accommodation, participating in the interactive process, or otherwise exercising their rights under ADA or FEHA.

The Human Resources Department will have administrative authority to update any attached forms to this policy on an as-needed basis.



City of Arts & Innovation

City of Riverside
Human Resources Department
REASONABLE ACCOMODATION REQUEST FORM

Section 1: Employee / Applicant Information

Name: _____ Job Title (if employee): _____

Department: _____ Work Location: _____

Supervisor Name: _____ Supervisor Phone #: _____

Supervisor E-mail: _____ Employee/Applicant Phone #: _____

Are you an: Employee Applicant

If applicant, position applied for: _____

Section 2: Accommodation Request

Please describe the accommodation you are requesting (please be as specific as possible).

Please describe the reason for your request (please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help you do your job).

What functions of the job require accommodation?

Is your limitation: Permanent Temporary

Are you requesting reasonable accommodation only for a particular date or dates?

Yes No

If yes, please provide the dates: _____

Section 3: Medical Documentation

The City may require medical documentation when the disability and/or need for accommodation is not obvious. If documentation is required, you will be provided with a Medical Certification Form for your healthcare provider. The City will only request information that is job-related and consistent with business necessity. You are not required to disclose your diagnosis on this form.

Section 4: Acknowledgment

I understand that:

- The City will engage in an interactive process to evaluate my request.
- Additional medical documentation may be required if the disability or need for accommodation is not obvious.
- Approval of accommodation depends on the essential functions of my position and whether the accommodation would create an undue hardship.
- Approved accommodation may be temporary and subject to periodic review.
- Medical information will be kept confidential in accordance with state and federal law.
- A City of Riverside representative may contact you to request additional information necessary to assess and or verify your request for reasonable accommodation.

Signature: _____ Date: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Accommodation is: Approved Denied Not Necessary

Comments:

Processed by: _____

Date: _____