



## **American with Disabilities Act (ADA) ACCOMMODATION POLICY AND PROCESS**

**Office of Equity and Diversity  
Bunce Hall, Rowan University  
201 Mullica Hill Road  
Glassboro, NJ 08028**

## **ADA – Office of Equity and Diversity, Linden Hall, Rowan University, 856-256-5440**

The Americans with Disabilities Act gives civil rights protection to individuals with disabilities and guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance.\*

Rowan University complies with the American Disabilities Act and section 504 of the Rehabilitation Act. In order to do so, Rowan has established a process to ensure equal treatment of all employees and candidates with disabilities. Please contact the Office of Equity & Diversity if you have any questions.

\*Taken from the US Department of Justice Civil Rights Division

### **DOCUMENTATION REQUIRED:**

Employee must submit a Request for Services form and a completed Medical Inquiry Form for an ADA Accommodation Request. All forms and policy can be found at [www.rowan.edu/equity](http://www.rowan.edu/equity)

### **Employee Accommodation Policy**

The Office of Equity & Diversity is the first contact for employees and/or potential employees requiring assistance. Upon receipt of a Request for Accommodations, the verification process will begin. Once all required information is received, a determination of eligibility will be made. If eligible, a representative will contact the employee or candidate to review and verify the information and to develop an accommodation plan. The interactive process may include electronic and paper correspondence as well as in person and phone conversations.

Each accommodation is determined on a case by case basis. In sensitive cases, documents are reviewed by the heads of Human Resources, Employee and Labor Relations, and Equity & Diversity. In some cases consultation with the requestor's supervisor may be necessary. Copies of the accommodation plan will be given to the employee and to the appropriate department head, as well as a copy placed in the ADA file. Any changes to the accommodation plan may require additional documentation and must be processed through the Office of Equity and Diversity.

Accommodation costs are covered by the employee's department. Any accommodation that has a significant financial impact on the institution will be referred to the Vice President of Finance to determine if the university can provide for the accommodation. Barring extenuating circumstances, this determination should occur within ten business days of the receipt of the referral.

### **Appeals Process for Non-Worker's Compensation Requests**

If the employee is found to be ineligible under ADA, an appeal may be submitted to the EEO officer in the Office of Equity and Diversity within 10 days of the date of denial letter. The appeal and all medical documentation on file will be forwarded to the Chief of Staff for review. The appeal cannot include additional information not presented at the time of accommodation request. The result of the appeal will be made within 15 days from the date of receipt of the appeal letter.

**(For requests of ADA due to Worker's Compensation please contact Human Resources)**

### **Temporary Accommodations under ADA**

The Americans with Disabilities Act does not cover temporary disabilities, however, Rowan University allows for accommodations for employees that have need for them during temporary circumstances such as, recovery when returning from sick leave, undergoing treatment, or while recovering from an injury. Paperwork must be submitted if accommodations include room changes or any assistive equipment or technology.

### **Grievance Process**

Once an accommodation plan has been approved, it should be followed as established. If for any reason this should not happen, the employee may file a grievance with the EEO officer in the Office Equity and Diversity. An investigation will be done into the matter and a plan will be developed for a resolution between the employee and the head of the appropriate department. The employee will be notified of the results within 30 days of the original receipt of the grievance, barring extenuating circumstances.

## **Definition of a Disability as Per ADA/504**

A person with a disability is someone with a physical or mental impairment that limits one or more major life activities. A person is considered to be a person with a disability if he/she has the disability, has a record of the disability, or is regarded as having the disability. **Inherent in this definition is the concept that an impairment itself is not a disability. It is the interaction of the impact of an impairment and the demands of the environment that create a disability.**

- A “physical impairment” means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine.
- A “mental impairment” means any psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disorders.
- An impairment which “limits” refers to an inability to perform a major life activity, or a significant restriction as to the condition, manner, or duration under which a major life activity can be performed, in comparison to the average person or to most people; the availability of some mitigating factor (such as a hearing aid for a person with hearing loss that brings hearing acuity within normal limits) is **not** considered when determining if the disability substantially limits the individual.

Major life activities are the basic activities that the average person can perform with little or no difficulty. Examples: 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; 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, reproductive. Also includes operations of an individual organ within a body system, such as the operation of kidney, liver, or pancreas.



## REQUEST FOR SERVICES UNDER AMERICANS WITH DISABILITIES ACT (Filled out by Employee)

NAME	DATE	PHONE #
DIVISION	DEPARTMENT	
JOB TITLE	SUPERVISOR	

**REASON FOR REQUEST (Please Print)**

Explain why you are requesting services under ADA/504. Include your understanding of your diagnosis, prognosis, and what you feel you need to meet the requirements of your job.

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Is this condition temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate date ending ____/____/____
Is this condition permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please refer to Documentation Required Form

**Consent for Release of Information:**

I, \_\_\_\_\_, hereby give my written consent for the Office of Equity and Diversity to release information considered pertinent (psychological and/or medical) with necessary University personnel for the sole purpose of determining eligibility and implementation of any accommodations requested or deemed necessary.

**Employee****Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return to the Office of Equity and Diversity, Bunce Hall



## MEDICAL INQUIRY FORM FOR AN ADA ACCOMMODATION REQUEST

EMPLOYEE NAME: \_\_\_\_\_

**Physician:** Please fill out this form in its entirety. Please be detailed in your responses. Missing information may delay accommodations for the employee.

<b>A. Questions to help determine whether an employee has a disability.</b>																												
For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:																												
Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																										
If <i>yes</i> , what is the impairment ( <b>diagnosis</b> )?																												
Is the impairment long-term or permanent?																												
If <i>not</i> permanent, <b>how long</b> will the impairment likely last?																												
Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what <b>limitations the employee would have if no mitigating measures were used</b> . Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.																												
Does the impairment substantially limit a major life activity? <i>Note: Does not need to significantly or severely restrict to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																										
If <i>yes</i> , what major life activity(s) is/are affected?																												
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;"><input type="checkbox"/> Caring For Self</td><td style="width: 25%;"><input type="checkbox"/> Walking</td><td style="width: 25%;"><input type="checkbox"/> Hearing</td><td style="width: 25%;"><input type="checkbox"/> Lifting</td><td style="width: 25%;"><input type="checkbox"/> Other: (describe)</td></tr><tr><td><input type="checkbox"/> Interacting With Others</td><td><input type="checkbox"/> Standing</td><td><input type="checkbox"/> Seeing</td><td><input type="checkbox"/> Sleeping</td><td></td></tr><tr><td><input type="checkbox"/> Performing Manual Tasks</td><td><input type="checkbox"/> Reaching</td><td><input type="checkbox"/> Speaking</td><td><input type="checkbox"/> Concentrating</td><td></td></tr><tr><td><input type="checkbox"/> Breathing</td><td><input type="checkbox"/> Thinking</td><td><input type="checkbox"/> Learning</td><td><input type="checkbox"/> Reproduction</td><td></td></tr><tr><td><input type="checkbox"/> Working</td><td><input type="checkbox"/> Toileting</td><td><input type="checkbox"/> Sitting</td><td></td><td></td></tr></table>				<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Lifting	<input type="checkbox"/> Other: (describe)	<input type="checkbox"/> Interacting With Others	<input type="checkbox"/> Standing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping		<input type="checkbox"/> Performing Manual Tasks	<input type="checkbox"/> Reaching	<input type="checkbox"/> Speaking	<input type="checkbox"/> Concentrating		<input type="checkbox"/> Breathing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Reproduction		<input type="checkbox"/> Working	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting		
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<input type="checkbox"/> Working	<input type="checkbox"/> Toileting	<input type="checkbox"/> Sitting																										
Does the impairment limit the operation of a major bodily function? <i>Note: Does not need to significantly or severely restrict to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																										

If yes, what bodily function is affected?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Immune             | <input type="checkbox"/> Hemic                         | <input type="checkbox"/> Circulatory     | <input type="checkbox"/> Other: (describe) _____ |
| <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Special Sense Organs and Skin | <input type="checkbox"/> Endocrine       |  |
| <input type="checkbox"/> Digestive          | <input type="checkbox"/> Lymphatic                     | <input type="checkbox"/> Reproductive    |  |
| <input type="checkbox"/> Bowel              | <input type="checkbox"/> Neurological                  | <input type="checkbox"/> Musculoskeletal |  |
| <input type="checkbox"/> Bladder            | <input type="checkbox"/> Brain                         | <input type="checkbox"/> Special Sense   |  |
| <input type="checkbox"/> Genitourinary      | <input type="checkbox"/> Respiratory                   | <input type="checkbox"/> Cardiovascular  |  |

## B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed to perform the job. The accommodation should make the ability to perform the duties of the job possible. The following questions may help determine whether the requested accommodation is needed because of the disability:

What specific limitation(s) is interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

## C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship or alters the nature of the job. The following questions may help determine effective accommodations:

What suggestions do you have regarding possible accommodations to **improve** the ability to perform the job?

What is the **medical rationale** for these accommodations?

How would your suggestions **improve** the employee's ability to perform the job?

**Additional comments regarding this employee's request for accommodations:**

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**Physician signature:** \_\_\_\_\_ **License #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician name and address:** \_\_\_\_\_  
\_\_\_\_\_

**\*Please be advised that this form is not valid without the physician's signature and license information.**