- Minimizing the need for individual accommodations by regularly reviewing policies, procedures, processes, and rules to ensure that they are not discriminatory; Ensuring that all prospective and current employees are advised of their right to be accommodated;

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If an employee believes that a determination under this policy has been reached improperly; unfairly; or otherwise in violation of conditions of employment, regulations, policies, or procedures, the employee may file a grievance through the established procedures outlined in <u>Employee Conflict Resolution and Grievance policy</u>.

If an employee believes that exceptional circumstances justify reconsideration of a decision related to a reasonable accommodations request, the employee may request an appeal. The appeal must be requested in writing to the ADA Coordinator within seven (7) calendar days of notification of the request denial. The written request must state the grounds for the appeal and must include supporting evidence.

### DEFINITIONS

**504 Plan** – A plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure his or her academic success and access to the learning environment.

**Individualized Educational Plan (IEP)** – A document showing how a K-12 school complied with the <u>Individuals with</u> <u>Disabilities Education Act (IDEA)</u>.

**Individual with a Disability** – Under the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system).

**Interactive Discussion** – For the purposes of this policy, an exchange between College officials, individuals requesting accommodations, and health care professionals (if necessary). The purpose of this discussion is to "identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations." Interactive communication should include the following:

- Dialogue and a meeting of the minds
- Constructive engagement
- Logic seeking
- Full trust and openness
- Understanding between participants
- Commo ID E2m− Td@083¥j/TT0 1 Tf0.452 0 Td( )Tj-0.008 Tc 0.016 Tw 1.333 0 Td[Under)-O(s)] J0-8 (s)] J0 Tto "fisess

campus experiences: clinical rotations, internships/externships, field work, simulated learning, laboratory activities, and skills/competency based testing.

**Working Days** – Days the College is open and operating under a normal schedule. This excludes weekends, closings due to adverse conditions, and holidays.



## Employee Disability Accommodations Request Form

An employee who wishes to request a reasonable accommodation should complete this form with a qualified health care professional. The form and supporting documentation must be submitted to Human Resources. The form will be maintained separately from the employee's personnel file. For service animal requests and additional information, please refer to the <u>Accommodations for Employees with Disabilities policy</u>.

Documentation should be as descriptive as possible. At minimum, it should include the following information:

- 1. A diagnostic statement identifying the disability, date of the most current diagnostic evaluation, and the date of the original diagnosis.
- 2. A description of the diagnostic tests, methods, and/or criteria used.
- 3. A description of the current functional impact of the disability which includes specific test results and the examiner's narrative interpretation.
- 4. Treatment, medications, and/or assistive devices/services currently prescribed or in use.
- 5. A description of the expected progression or stability of the impact of the disability over time, particularly during the employee's expected time at Durham Tech.
- 6. Recommended accommodations/services (i.e., flexibility in hours/duties, specialized furniture/equipment) for the work environment.
- 7. The name, credentials, and license number of the diagnosing professional.

All documentation must be typed, signed by a qualified health care professional, submitted on the health care professional's letterhead, and include the date the documentation was completed. If the employee provides incomplete or inadequate documentation to substantiate his or her disability and/or the need for the requested reasonable accommodation, the College may, at its discretion, require the employee to provide additional information. The employee is responsible for all associated expenses; the College is not financially responsible for any costs related to documentation required to support the need for an accommodation.

#### **EMPLOYEE INFORMATION**

First Name:	_ Last Name:
ID Number:	-
Title:	
Department:	Division:

# To Be Completed by the Employee and a Qualified Health Care Professional

#### A. Questions to help establish whether an employee has a disability.

A person has a disability under the ADA if the person has an impairment that substantially limits one (1) or more major life activities. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or