# AMERICANS WITH DISABILITIES ACT (ADA) POLICY

**Insert Effective Date**

## POLICY

The **State Agency** is fully committed to ensuring compliance with the requirements of the Americans with Disabilities Act and its Amending Act of 2008 (collectively ADA) to include:

* Title I: Prohibits discrimination against qualified individuals with disabilities in all employment practices, including recruitment, hiring, advancement, compensation, fringe benefits, job training and other terms, conditions and privileges of employment. Upon request, **State Agency** shall engage in an interactive process and may approve a reasonable accommodation, unless the Requestor is not a qualified individual; doing so poses an undue hardship to the agency; or poses a direct threat to the health or safety of the individual with a disability or others.
* Title II: Ensures qualified individuals with disabilities have equal access to the full range of programs, services, activities and facilities of the agency. Upon request, **State Agency** may provide a reasonable accommodation, unless the Requestor is not a qualified individual; doing so would fundamentally alter the nature of the agency’s service, program or activity; or poses a direct threat to the health or safety of the individual with a disability or others.

## PURPOSE

The purpose of this policy is to outline **State Agency’s** standards and procedures for purposes of ADA compliance.

## APPLICABILITY

This policy applies to all **State Agency** employees, applicants for employment, and members of the general public that receive services from **State Agency**.

## DEFINITIONS

1. **Disability:** Under the ADA, an individual with a disability is a person who:
2. Has a physical or mental impairment that substantially limits one or more major life activities;
3. Has a record of such impairment; or
4. Is regarded as having such impairment as described in item #1 above.
5. **Impairment:** Any physiological, mental or psychological disorder or condition, including those that are episodic or in remission, that substantially limits one or more major life activities when active.
6. **Substantially Limits**: An impairment that prevents the ability of an individual to perform one or more major life activities as compared to most people in the general population when taking into consideration factors such as the nature, severity, duration and long-term impact of the condition. Such consideration must be regardless of any mitigating measures such as modifications, auxiliary aids or medications used to lessen the effects of the condition (except for use of ordinary eyeglasses or contact lenses).
7. **Major Life Activities**:

1. Generally, 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; and

2. The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

1. **Essential Functions**: The fundamental and primary job duties of a position. Considerations in determining whether a function is essential include such factors as the written job description; whether the reason the position exists is to perform that function; the limited number of employees available to perform that function; and the degree of expertise required to perform the function.
2. **Qualified Individual:**
3. Under Title I, an individual with a disability who meets the requisite skill, experience, and education requirements for the position and who can perform the essential functions of the position held or applied for, with or without reasonable accommodation(s).
4. Under Title II, an individual with a disability who meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by **State Agency**, with or without reasonable accommodation(s).
5. **Reasonable Accommodations**:
6. Under Title I, a modification or adjustment to the work environment that will enable a qualified individual with a disability to:
7. Participate in the testing, application and/or interview process;
8. Perform the essential functions of the job; or
9. Provide equal opportunity to the benefits and privileges of employment.
10. Under Title II, a modification that permits an individual with a disability to effectively communicate with **State Agency** and/or ensure equal opportunity relative to **State Agency’s** programs, services, activities and facilities.
11. **Undue Hardship**: An accommodation that would be unduly costly, extensive, substantial or disruptive, in light of factors such as the size of the agency, the resources available and the nature of the agency’s business operations.
12. **Direct Threat**: A significant risk of substantial harm to the health or safety of an individual with a disability or others that cannot be eliminated or reduced by reasonable accommodation.
13. **ADA Coordinator**: The **State Agency** representative responsible for facilitating the interactive, evaluation process relative to any request for accommodation, whose name and contact information is provided below.

 Name: **[Insert Employee Name]**

 Section: **[Insert Division/Section]**

 Address: **[Insert Street, City, State, Zip]**

 Phone #: **(225) 342-XXXX**

 Email: **firstname.lastname@la.gov**

1. PROCEDURES FOR REQUESTING A REASONABLE ACCOMMODATION

It is the responsibility of the qualified individual with a disability to request a reasonable accommodation(s) when needed. To do so, the individual:

* May initiate a request either verbally or in writing. If in writing, the qualified individual with a disability should complete the Request for Accommodation Form. If the individual needs assistance to complete the request form, **State Agency** will provide such assistance;
* Must submit the request to the appropriate person for the nature of the accommodation requested (as further explained below); and
* Must timely and cooperatively participate in the interactive process (as further described therein).

If the accommodation request is from a **State Agency** employee, he/she may be required, as part of the interactive process, to provide the ADA Coordinator with medical documentation from their health care provider describing the nature of the disability and the functional limitations thereof.

1. **Employment (Title I)**
2. **Application/Testing Process**

A qualified individual with a disability may address an accommodation request relative to the application and/or testing process to the following, dependent upon the Job Type indicated on the vacancy announcement:

1. For Classified Jobs: Contact State Civil Service, Testing and Recruiting Office at (225) 925-1911. For more information, applicants may go to <https://jobs.civilservice.louisiana.gov/TestInformation/Accommodations.aspx>.
2. For Unclassified Jobs: Contact the **State Agency** representative identified in the vacancy announcement for the job being sought. The **State Agency** representative shall notify and collaborate with the ADA Coordinator to address the accommodation request.
3. **Interview Process**

If contacted for an interview, a qualified individual with a disability should notify the hiring manager at that time if an accommodation is needed in order to participate in the interview and, if so, the nature of the accommodation. The hiring manager shall notify and collaborate with the ADA Coordinator to address the accommodation request.

1. **Performance of Essential Functions**

A qualified individual with a disability may address an accommodation request related to the performance of the essential functions of a job to the following:

1. If needed prior to or at the time of hire for a position, the accommodation request should be submitted to the person with whom the individual interviewed.
2. If employed by **State Agency** and needed for the current job held, the accommodation request should be addressed to the immediate supervisor.

The interviewer or immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests must include the duties the individual is unable to perform and the accommodation(s) requested. Such accommodations may include job restructuring, use of accrued paid leave (or once exhausted, unpaid leave), modified or part-time work schedules, acquiring equipment or reassignment.

1. **Benefits and Privileges of Employment**

An employee seeking an accommodation related to the benefits and/or privileges associated with employment should notify the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such requests should include the benefits and/or privileges of employment in which the individual is unable to participate and the accommodation requested. Such accommodations may include restructuring work areas, lunchrooms, break rooms, training rooms and restrooms to make them available and accessible to all employees.

**NOTE:** Guidelines that govern facility standards are based on the date of original construction. Additional guidelines may apply when renovations or alterations are undertaken. **State Agency** shall coordinate construction and renovation in conjunction with appropriate state departments, as well as building code, regulatory and leasing entities, as applicable.

1. **Pregnancy, Childbirth or Related Medical Condition**

In accordance with La. R.S. 23:341-342, an applicant or employee with limitations arising from pregnancy, childbirth or related medical conditions may request an accommodation to the immediate supervisor. The immediate supervisor shall notify and collaborate with the ADA Coordinator to address the accommodation request. Such accommodations may include but are not limited to: providing more frequent, compensated break periods; providing a private place, other than a bathroom stall, for purposes of expressing breast milk; modifying food or drink policy; and other accommodations that permit the individual to reduce or eliminate the need for leave.

**NOTE:** Accommodation requests and information collected during the associated interactive process shall be limited to only those individuals with a business need-to-know.

1. **Effective Communication (Title II)**

A qualified individual with a speech, hearing or vision impairment may request an accommodation to the ADA Coordinator and shall be furnished with appropriate auxiliary aids and services so that the individual can participate equally in **State Agency’s** programs, services and activities. Such auxiliary aids may include qualified sign language interpreters, documents in Braille and other ways of making information and communication accessible. Anyone who requires an auxiliary aid or service for effective communication should contact the ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

1. **Modifications to Policies, Procedures, or Facilities (Title II)**

A qualified individual with a disability seeking modifications to policies, procedures or facilities for equal opportunity to enjoy **State Agency’s** programs, services and activities should contact the ADA Coordinator. Such requests should include the specific program, service or facility that the individual is unable to access and the accommodation(s) requested.

## VI. INTERACTIVE PROCESS - EVALUATION OF ACCOMMODATION REQUESTS

Upon receipt, the individual to whom an accommodation request was submitted must immediately notify the ADA Coordinator. The ADA Coordinator shall:

* Document the request, if not submitted in writing by the Requestor, on the Request for Accommodation Form;
* Notify the Requestor, if he/she is a current **State Agency** employee, whether a completed Medical Inquiry Form from a health care provider is required;
* Engage in an interactive process involving consultation with the Requestor, the treating physician (if applicable) and agency management;
* Confer with the Louisiana Rehabilitation Services and/or Job Accommodation Network (JAN), as deemed appropriate, to help evaluate the availability of accommodation options and resources related thereto;
* Where appropriate, discuss any alternative, equally effective accommodations with the Requestor;
* Recommend to, and secure approval from, the Appointing Authority as to the final determination of the accommodation request; and
* Notify the Requestor, in writing, of the final determination, including information regarding the internal grievance procedure.

Individuals with disabilities are encouraged to suggest accommodations based upon their own life and/or work experiences. Such requested accommodations will be duly considered. Nonetheless, **State Agency** reserves the right to select an equally effective accommodation that may be less expensive or impactful on business operations. All accommodation requests will be evaluated thoroughly and objectively on a case-by-case basis.

## VII. INTERNAL COMPLAINT PROCEDURE

The following internal grievance procedures are available to individuals with disabilities for resolution of complaints regarding the disposition of an accommodation request or asserting any action that would be prohibited by the ADA:

1. **Employees: State Agency** employees may file an internal grievance in accordance with **Policy No. ##, Grievances**, and elevate the complaint directly to Step 3.
2. **Applicants or General Public:** Complaints regarding the application/testing/interview process or accessibility of a program, service or activity of the **State Agency** may be addressed to the **[Chairman of the Board or Executive Director – someone other than the ADA Coordinator], [Insert Employee Name]**, by writing to: **[Insert Street, City, State, Zip Code]**; or calling **(225) 342-XXXX**.

## VIII. PROTECTIONS

No individual shall be discriminated or retaliated against, coerced, intimidated, threatened, harassed or interfered with for:

* Making an accommodation request;
* Opposing any act or practice made unlawful by the ADA;
* Filing a charge, testifying, assisting or otherwise participating in an investigation, proceeding or hearing to enforce any provision of the ADA;
* Aiding or encouraging another individual in the exercise of any right granted or protected by the ADA; or
* Having a family, business, social or other relationship or association with an individual with a known disability.

## IX. PUBLIC NOTICE

To ensure accessibility by all interested persons, this policy shall be made available on the **State Agency’s** public website located at **[insert web address]**, as well as a notice posted conspicuously for access by the public in each of the **State Agency’s** facilities.

## X. DOCUMENTATION

Forms associated with this policy are available at **[insert web address]** or by request to the ADA Coordinator.

* Request for Accommodation Form
* Medical Inquiry Form

## XI. CONFIDENTIALITY

All documentation obtained as part of an accommodation request, including medical and other relevant information, shall be maintained as confidential records, separate from the employee’s personnel file, and subject to disclosure only as allowed by law or with the individual’s permission.

## XII. ADDITIONAL RESOURCES

For additional resources, individuals with disabilities may contact Rikki Nicole David, State ADA Coordinator, at rikki.david@la.gov or (225) 342-1243.

 Individuals may also contact or file a complaint with the following:

* U.S. Equal Employment Opportunity Commission (EEOC) pursuant to Title I (29 CFR § 1630.1 – 1630.16) at 1-800-669-4000, 1-800-669-6820 (TTY for Deaf/Hard of Hearing callers only) or 1-844-234-5122 (ASL Video Phone for Deaf/Hard of Hearing callers only).
* Louisiana Commission on Human Rights pursuant to La. R.S. 23:323 et seq at 225-342-6969; or
* U.S. Department of Justice (DOJ), Civil Rights Division, pursuant to Title II (28 CFR § 35.101 – 35.190) at 202-514-3847 or 202-514-0716 (TTY for Deaf/Hard of Hearing callers only).

Be advised that strict time limitations apply for filing complaints with these governmental agencies.

**AUTHORIZED BY:**

**AGENCY HEAD SIGNATURE:**

**DATE:**