

# Procedure: 4.6.2p. (III.U.13)

## Reasonable Accommodations in Employment

**Revised:**

**Last Reviewed:** September 12, 2013

**Adopted:** September 12, 2013



### **I. PURPOSE:**

The Technical College System of Georgia [TCSG] is committed to equal opportunity in all aspects of employment for qualified individuals with a disability. Pursuant to the provisions of applicable state and federal law, it is the policy of the TCSG to provide for the reasonable accommodation in employment for qualified individuals with a disability unless the accommodation would pose an undue hardship on the operations of the System Office or employing technical college to include, but not limited to, a substantial modification to the fundamental nature of the job/position, any change to or elimination of essential job functions or, which is unduly costly or burdensome. Retaliation against an individual with a disability for utilizing the provisions of this procedure is expressly prohibited.

### **II. RELATED AUTHORITY:**

Americans with Disabilities Act (ADA) of 1990  
Americans with Disabilities Amendments Act (ADAAA) of 2008  
Genetic Information Nondiscrimination Act (GINA) of 2008  
Rehabilitation Act of 1973, as amended

### **III. APPLICABILITY:**

All work units and technical colleges associated with the Technical College System of Georgia.

### **IV. DEFINITIONS:**

**Accommodation:** any modification in the work environment or in the way work is accomplished or customarily done to enable an individual with a disability to enjoy equal employment opportunities.

**Current Use of Illegal Drugs:** use that has occurred recently enough to indicate that the individual is actively engaged in such conduct. Current users of illegal drugs are not protected by the provisions of the ADAAA and are subject to disciplinary action pursuant to the policies and procedures of the State Board. NOTE: individuals who have overcome drug addiction to include those who are in rehabilitation or who have completed rehabilitation and who are not currently drug users are protected by the ADAAA. This applies only to those with a serious enough problem to rise to the level of an addiction. An individual who had a history of mere casual drug use would not be protected.

**Direct Threat:** a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation. The determination that an individual poses a "direct threat" shall be based on an individualized assessment of the individual's present ability to safely perform the essential functions of the job. This assessment

shall be based on a reasonable medical judgment that relies on the most current medical knowledge and/or on the best available objective evidence. The four (4) factors that must be considered in this narrow exception would be as follows: the duration of the risk; the nature and severity of the potential harm; the likelihood that the potential harm will occur; and, the imminence of the potential harm.

**Disability:** an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or, is regarded as having such impairment. NOTE: an impairment that is episodic or in remission if it would substantially limit a major life activity when active would be considered a disability; however, the term “disability” does not include temporary, non-chronic conditions with little or no residual effect; certain sexual disorders such as pedophilia or voyeurism; compulsive gamblers, kleptomaniacs and pyromaniacs; homosexuality or bisexuality; or, an individual’s current illegal use of drugs.

**Essential Functions:** the fundamental job duties of the position an individual with a disability holds or desires to hold. The term does not include marginal or secondary functions (e.g., tasks, duties, responsibilities) associated with the position. Removing an essential function fundamentally alters the position in question. NOTE: a job function may be considered essential for any of several reasons to include, but not limited to the following: the function may be essential because the reason the position exists is to perform that particular function; the function may be essential because of the limited number of available employees among whom the performance of that function can be distributed; and/or, the function may be so highly specialized that the incumbent in the position has been hired in large part based on his/her expertise or ability to perform that particular function. Evidence of whether a particular function is essential includes, but is not limited to: the employer’s judgment as to which functions are essential; written job descriptions and, as applicable, accompanying performance plans; the amount of time spent on the job performing the function; the consequences of not requiring the incumbent to perform the function; work experience of past incumbents; and/or, the current work experience of incumbents in similar positions/jobs.

**Impairment:** a disability within the context of this procedure if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, an individual from performing a major life activity in order to be considered substantially limiting; however, not every impairment constitutes a disability as the term is defined.

**Interactive Process:** an informal, confidential dialogue between an applicant or employee and a human resources representative or other management official of the System Office or technical college with respect to a request for a reasonable accommodation to: enable the individual to perform the essential functions of the position held or desired; as applicable, modification(s) to the job application process; or, as applicable, accommodation(s) to permit an individual with a disability to enjoy equal opportunity benefits and privileges of employment. NOTE: the interactive process involves a multi-step approach to include: 1. an analysis of the position/job to determine its purposes and essential and marginal job functions; 2. consultation with the individual requesting the accommodation to determine his/her job-related limitation(s) and how these limitation(s) could be overcome with a reasonable accommodation; 3. the identification of potential accommodation(s) and an assessment as to whether the accommodation(s) would enable the individual to perform the essential functions of the job/position; and, 4. consideration of the individual’s preference (if any) and selection and implementation of the most appropriate accommodation provided that the accommodation would not result in an undue hardship for the System Office or technical college.

**Major Life Activity:** activities which include caring for one's self, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, speaking, breathing, learning, and working; mental and emotional processes such as thinking, concentrating, and interacting with others; and, the operation of major bodily functions to include the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive systems.

**Major Life Activity of Working:** "substantially limited" in working includes individuals with difficulty performing a class or a broad range of jobs in various classes of work. The class can be determined by reference to the nature of the work or by referenced to job requirements an individual may be limited in performing (e.g., standing for long periods of time). NOTE: employees are not substantially limited in working simply because an impairment limits their ability to perform only some aspect of their job.

**Marginal Job Function:** a job function that would be considered a secondary or non-critical job task or activity. Although important and necessary to the position, a marginal job junction could be reassigned to others and/or performed a lesser percentage of time.

**Physical or Mental Impairment:** virtually any physical, mental, or psychological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body's systems if the disorder or condition affects a major life activity. NOTE: the term does not include physical characteristics that are within "normal" range and are not the result of a physiological disorder (e.g., height, weight, eye color); personality traits such as poor judgment or a quick temper that are not the symptoms of a mental disorder; the predisposition to disease or illness; environmental cultural, or economic disadvantages such as poverty or lack of education; or, minor, temporary conditions such as simple infections, bruises or sprains. Additionally, pregnancy, alone, is not an impairment.

**Qualified Individual:** with respect to an individual with a disability, an individual (applicant or employee) who meets the established minimum qualifications and, if applicable, other job-related requirements for the job/position he/she holds or desires to hold and who can, with or without reasonable accommodation, perform the essential functions of the job/position.

**Reasonable Accommodation:** a modification or adjustment to a position in the way work is customarily done; to an employment practice; or, to the work environment itself if the modification or adjustment makes it possible for a qualified individual with a disability to perform the essential functions of the position. The purpose of the accommodation is to enable applicants/employees to be tested and/or apply for positions without unfair disadvantage and for employees to perform the essential functions of the position while enjoying the same benefits and privileges of employment as other employees without disabilities.

**Record of Impairment:** an individual has a record of impairment (i.e., a disability) if he/she has a history of, or has been misclassified as having, a mental or physical disorder that substantially limits one or more major life activities.

**Regarded as Having an Impairment:** individuals who are "regarded as having such an impairment" are those who are subjected to an employment action based on: a physical or mental impairment that is not transitory (i.e., lasting less than six [6] months) and minor; or, do not have a physical or mental impairment but are treated (perceived) as though they have one that is not transitory and minor.

**Substantially Limits:** individuals are considered as disabled when they have an impairment that substantially limits their ability to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, an individual from performing a major life activity to be considered substantially limiting. The impairment, however, must be more than temporary and non-chronic with little or no residual effect. Further, ADA and ADAAA regulations indicate that the term “substantially limits” should be construed broadly in favor of expansive coverage; thus, the term is not meant to be a demanding standard, but instead, a common sense standard. NOTE: an impairment that is episodic or in remission can be a disability if it is substantially limiting when it occurs. Additionally, an impairment (i.e., disability) does not have to last at least six (6) months to be considered “substantially limiting”. An impairment lasting just a short time may be a disability if it is sufficiently severe.

**Undue Hardship:** any accommodation (or action) that would be unduly costly, extensive, substantial, or disruptive or, that would fundamentally alter the nature and structure of the operation of an employer. For purposes of the Technical College System of Georgia, its work units and technical colleges, an undue hardship would encompass any action that would be unduly burdensome, or that would fundamentally alter the nature, composition, structure, and functions of the work unit where the applicant would or an employee is working to include the impact of the accommodation on the ability of other employees to perform their duties and responsibilities.

## **V. ATTACHMENTS:**

Attachment: 4.6.2p.a1. Reasonable Accommodation Request Form  
Attachment: 4.6.2p.a2. Medical Information Request Letter  
Attachment: 4.6.2p.a3. Medical Information Request Form  
Attachment: 4.6.2p.a4. Authorization for Release of Information Form  
Attachment: 4.6.2p.a5. Interactive Disability Accommodation Document  
Attachment: 4.6.2p.a6. Essential and Marginal Job Function Analysis Worksheet  
Attachment: 4.6.2p.a7. Frequently Asked Questions – Applicants and Employees  
Attachment: 4.6.2p.a8. FAQ - Managers, Supervisors and HR Representatives  
Attachment: 4.6.2p.a9. Reasonable Accommodation Review Form

## **VI. PROCEDURE:**

### **1. Initiating the Reasonable Accommodation Process:**

- a. The process begins when an applicant or employee makes a verbal or written request for a reasonable accommodation to a System Office or technical college representative (e.g., a manager or supervisor, office of human resources staff member, etc.) It is permissible for a family member, friend, or other representative to initiate a reasonable accommodation request on behalf of an applicant or an employee with a disability. Any such request need only indicate that the individual requires assistance in the application process or a work-related change or adjustment at his/her work site due to a physical or mental impairment.
- b. Upon receipt of this information, the applicant/employee will be asked to complete a Reasonable Accommodation Request Form if he/she has not already done so unless such completion is impractical due to his/her disability.
- c. As applicable, the completed form should be forwarded by the applicant, employee, or other individual acting on the applicant/employee’s behalf to the System Office’s or technical college office of human resources.

## **2. System Office/Technical College Responsibilities:**

- a. Upon receipt of the completed Reasonable Accommodation Request Form (or in response to a written or verbal request) in the System Office or technical college office of human resources, staff should first determine if an Essential and Marginal Job Function Analysis Worksheet (Attachment: 4.6.2p.a6.) has been completed for the specific position in question (i.e. the position held or sought). If a Worksheet has yet to be completed, staff should work in conjunction with position's immediate supervisor, reviewing manager, or other designated official with knowledge of the position's duties and responsibilities, to complete the Worksheet. This document must be finalized prior to the System Office or technical college requesting additional medical information from individual's health care provider/professional.
- b. When an individual's health limitation(s)/disability and/or need for an accommodation are not visible, obvious, or otherwise known, and a determination as to whether the applicant or employee has a disability/impairment as defined by the ADA cannot be made without additional information, a human resources representative responsible for overseeing the interactive (reasonable accommodation) process may request that the applicant/employee obtain medical documentation from his/her treating health care provider/professional.
- c. The scope of requested medical documentation is limited to information which establishes whether the individual has a disability and whether the disability necessitates a reasonable accommodation [e.g., information which indicates both the individual's functional capabilities as well as any work-related restrictions based on his/her medical condition(s)/impairment(s)]. Further, the request for medical documentation should be limited to a provider's assessment of the job-related functions for which an accommodated has been requested. NOTE: for these reasons, Attachment: 4.6.2p.a4. (Authorization for Release of Information Form) provides that the applicant/employee shall determine the scope of information to be released in response to a request referenced in Paragraph VI.B.2. Further, the applicant/employee may refuse to provide authorization (for the release of information) or may revoke his/her authorization at any time.
- d. A request for medically-related documentation cannot be initiated when both the disability and the need for reasonable accommodation are obvious or when the individual has already provided the System Office or technical college with sufficient information to substantiate that he/she has a disability and needs the accommodation requested.
- e. In those circumstances in which additional medical documentation is needed, the applicant/employee will be provided with a Medical Information Request Letter (Attachment: 4.6.2p.a2.) which outlines the rationale for the System Office or technical college's request for the additional information.
- f. In conjunction with the Medical Information Request letter, the applicant/ employee should also be provided with a Medical Information Request Form (Attachment: 4.6.2p.a3.) an Authorization for Release of Information Form (Attachment: 4.6.2p.a4.), a copy of the Essential and Marginal Job Function Analysis Worksheet (Attachment: 4.6.2p.a6.), and a copy of his/her Reasonable Accommodation Request Form (Attachment: 4.6.2p.a1.) with instructions regarding completion and submission of these documents to his/her treating health care provider/professional.

## **3. Applicant/Employee Responsibilities:**

- a. As referenced in Paragraph VI.B.2, an applicant/employee may be requested to obtain medical documentation from his/her health care provider/ professional in conjunction with a request for reasonable accommodation.

- b. In these circumstances, the applicant/employee is responsible for obtaining the information within the time period referenced in the accompanying Medical Information Request Letter (Attachment: 4.6.2p.a2.); however, as noted in Paragraph VI.B.3., the individual may refuse to provide such authorization or may revoke his/her authorization at any time.
- c. If the applicant/employee refuses to provide his/her authorization for the release of information, revokes authorization before needed information is obtained or otherwise refuses to provide/obtain documentation that is essential to the process of determining whether a reasonable accommodation should be provided, he/she is not entitled to reasonable accommodation. Further, as noted in Attachment: 4.6.2p.a4., any such refusal may influence forthcoming employment decisions.
- d. If the requested medical information is not received in a timely manner as outlined in the Medical Information Request Letter, an employee with a known condition which limits the employee's ability to perform the essential functions of his/her job/position and/or the condition is determined to be a direct threat to the employee or others, he/she may be permitted or required to be absent from work using accrued sick or annual leave, personal leave, as applicable, FLSA Compensatory Time or, he/she may be placed on a short-term leave of absence without pay until such documentation is received. As noted in Paragraph VI.C.3, an employee's refusal to provide such information will end the reasonable accommodation process.

**4. Determination of Disability:**

- a. Upon receipt of the requested medical information and a review of the initial request for reasonable accommodation and other job-related information (e.g., Essential and Marginal Job Function Analysis Worksheet), the designated human resources representative in conjunction with input from the applicant/employee, the supervisor and/or manager and, as applicable, other management officials, will determine if the applicant/employee is a qualified person with a disability as defined by this procedure.
- b. If additional medical or mental health information or clarification of previously submitted documentation is needed to support a request for reasonable accommodation, the Reasonable Accommodation Request Form (Attachment: 4.6.2p.a1.) and Authorization for Release of Information Form (Attachment: 4.6.2p.a4.) outlines the process to request the information from the named health care provider/professional.
- c. If the applicant/employee's condition is determined not to be a disability, the individual will be notified (of this determination) in writing and that his/her request for reasonable accommodation has not been approved.

**5. Identification of Possible Reasonable Accommodations:**

- a. If the applicant/employee is considered a qualified person with a disability, the interactive process will continue. The results of conversation(s) with the applicant/employee (and others) regarding potential reasonable accommodations should be documented using Attachment: 4.6.2p.a5.(Interactive Disability Accommodation Document).
- b. A request for an accommodation initiated by an employee should focus on the nature of the disability as it relates to his/her functional limitations to better identify an effective accommodation. The employee should actively engage in these efforts to clearly outline the problems posed by the identified workplace barrier(s). Suggestions from the employee with a disability may assist the System Office or technical college in determining the type of accommodation to provide. In instances in which both the individual and the System Office or technical college are not

familiar with possible accommodations, consultation may be made with public and/or private sector resources to help identify possible accommodations after the specific limitations and workplace barriers have been determined.

- c. Possible accommodations for a current employee include, but are not limited to: the transfer of non-essential (i.e., marginal) job functions to another employee; ergonomic adjustments; time off for medical appointments; modification of work tools or equipment; a part-time or modified work schedule; assistive devices; and/or, a modification of existing facilities to ensure that the work place is easily accessible and usable by individuals with disabilities.
- d. Possible accommodations for an applicant include modification(s) or adjustment(s) to the job application process that better enables a qualified applicant with a disability to be considered for the position the applicant desires.
- e. When more than one possible reasonable accommodation is available that effectively addresses the needs of an applicant or employee with a disability, the System Office or technical college may select the accommodation to be offered.
- f. If a request for a reasonable accommodation request is subsequently approved, the parameters of the approval shall be provided to the applicant or employee in writing by a representative of the System Office or technical college office of human resources. All such decisions should be made no later than thirty (30) calendar days after receipt of an applicant/employee's completed request and, as applicable, receipt of all requested medical documentation from his/her health care provider/professional. The applicant/ employee must be notified in writing (prior to the expiration of the thirty [30] day period) if additional time is needed to review all associated materials pertaining to the requested accommodation.
- g. The System Office or technical college may not require a qualified individual with a disability to accept a reasonable accommodation; however, if an employee refuses to accept an effective accommodation which enables him/her to perform the essential job functions or to eliminate a direct threat, he/she may not be qualified to remain in the job/position.

**6. Assessment of Undue Hardship:**

- a. The Technical College System of Georgia and its associated technical colleges are required to provide reasonable accommodation to qualified individuals with a disability who are employees or applicants for employment unless doing so would cause undue hardship. Such determinations are made on a case-by-case basis.
- b. In general, an undue hardship pertains not only to financial considerations, but also to reasonable accommodations that are unduly extensive, substantial, or disruptive.
- c. For purposes of responding to a request for reasonable accommodation, the System Office or technical college will consider the factors referenced in Paragraph VI.F.2., as well as whether the delivery of an accommodation would fundamentally alter the nature, composition, structure, and functions of the work unit to include the impact of the accommodation on the ability of other employees to perform their assigned duties and responsibilities.
- d. If it is determined that a request for reasonable accommodation would pose an undue hardship or a "direct threat" as that term is defined, the request will be denied and the applicant/employee will be provided written notification of this decision.

**7. Review Procedure:**

- a. An applicant/employee whose request for an accommodation has been denied may request a review of the decision through the TCSG Office of Legal Services using Attachment: 4.6.2p.a9. (Reasonable Accommodation Review Form). Any such request for review must be initiated within ten (10) calendar days of receipt of the

System Office or technical college written determination denying or modifying the requested accommodation(s).

- b. The Office of Legal Services will review all associated documentation and may, if needed, meet with the applicant/employee, System Office/technical college official(s), and/or others with knowledge of the situation. A written decision should be generated by the Office of Legal Services within fifteen (15) calendar days after receipt of the review request unless additional time is needed to complete the review. In this latter circumstance, both the requesting applicant/employee and the System Office management official or technical college president shall be notified of the needed extension in writing.
- c. During the review period, the System Office work unit or technical college should not implement any modifications that would negatively impact an employee and the employee may remain at work if there are duties/tasks which can be performed within the parameters of medically documented restrictions. If there are no duties/tasks which can be performed within these restrictions, the employee may elect to use: accrued sick or annual leave; personal leave; or, as applicable, FLSA Compensatory Time to remain in pay status. Absent such a decision, the employee may be placed on an authorized short-term leave of absence without pay until the review has been completed.
- d. The decision by the Director, Office of Legal Services will be final and will conclude the reasonable accommodation process for any review initiated through this procedure.

**8. Implementation of the Reasonable Accommodation:**

- a. An approved reasonable accommodation should be implemented as quickly as possible following System Office or technical college approval, unless the accommodation requires a transition period to purchase, set up equipment, make arrangements, and/or provide training. In these latter circumstances, the activities should be completed in a timely manner so as not to unreasonably delay the implementation of the accommodation.
- b. During the reasonable accommodation process, an employee is not to be assigned duties/tasks that exceed the restrictions documented by his/her health care provider/professional. If, while the request for accommodation is being considered and/or before an approved accommodation is implemented, an employee is unable to perform the essential functions of his/her position, he/she may be permitted or required to be absent from work (using accrued sick, annual, or personal leave; as applicable, accumulated Fair Labor Standards Act Compensatory Time; or, may be placed on an authorized short-term leave of absence without pay).

**9. Monitoring the Effectiveness of the Reasonable Accommodation:**

- a. The interactive process is an ongoing obligation of the Technical College System of Georgia. Therefore, if a given accommodation is not effective or no longer effective, the System Office or technical college must continue to engage in discussions to identify other possible alternatives or, as appropriate, additional accommodation(s).
- b. Any subsequent change to an employee's health condition or modifications impacting workplace factors may warrant a re-evaluation of the provided accommodation(s) using, where appropriate, one or more steps referenced in this Procedure.

**10. Confidentiality of Reasonable Accommodation Documentation:**

- a. All documentation associated with a request for reasonable accommodation including, but not limited to, correspondence, completed forms, and submitted



medical information, shall be maintained in a confidential manner and housed separately in a locked compartment. For employees, these materials shall be maintained in his/her medical file.

- b. Access to non-medically-related information shall be limited only to those System Office or technical college employees with a “need to know”.
- c. Medical documentation (e.g., information pertaining to a medical condition) obtained through the reasonable accommodation process is considered a confidential medical record. Access to such documents is restricted only to the human resources representative(s) charged with overseeing the interactive process.
- d. With respect to a request for accommodation by a current employee, supervisors, managers, and other designated System Office or technical college officials may only be informed of the identified work-related restrictions documented by the health care provider/professional and the recommended accommodations, if any. First aid and safety personnel as well as the employee’s immediate supervisor may be provided additional information about the disability if there is a possibility that emergency treatment could be required.

**VII. RECORD RETENTION:**

1. All documentation, forms, etc. obtained during the reasonable accommodation process for current employees as well as applicants subsequently hired shall be maintained in the employee’s medical file.
2. All documentation, forms, etc. obtained during the reasonable accommodation process for an applicant for employment not subsequently employed shall be maintained confidentially in a separate locked compartment for a period of two (2) years.

**4.6.2p.a1. Attachment**

**TECHNICAL COLLEGE SYSTEM OF GEORGIA  
Reasonable Accommodation Request Form**

This form is designed to assist the Technical College System of Georgia's (TCSG) System Office or \_\_\_\_\_ Technical College in determining whether, or to what extent, a reasonable accommodation is required for an employee to perform one or more essential functions of his/her job/position safely, effectively and efficiently. NOTE: The completed form will be filed separately and treated confidentially.

**SECTION I. Applicant/Employee Information:**

Applicant/Employee Name: \_\_\_\_\_  
(Please Print)

Street Address/P.O. Box: \_\_\_\_\_

City/State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job/Position Title: \_\_\_\_\_ Request Date: \_\_\_\_\_

As Applicable, Supervisor Name: \_\_\_\_\_

By my signature below, I give the TCSG System Office or \_\_\_\_\_ Technical College permission to review applicability, coverage, and reasonable accommodation(s) under the Americans with Disabilities Act (ADA), as amended. I understand that all information obtained during this process will be maintained and used in accordance with the ADA and all corresponding legal and regulatory requirements pertaining to medical and genetic information and associated confidentiality.

In instances in which the TCSG System Office or \_\_\_\_\_ Technical College requires additional medical or mental health information/documentation to support a request for reasonable accommodation, I will coordinate with my treating physician or other medical/behavioral health or rehabilitation provider/professional to provide the requested information. To this end and as needed, I also agree to authorize a human resources representative of the System Office or technical college to further consult with the provider/professional who submitted the documentation within the scope of a completed Authorization for Release Information Form.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

**SECTION II:**

Please answer the following questions to assist the System Office or technical college in understanding the basis and nature of your request for a reasonable accommodation (attach additional pages if necessary).

A. Indicate physical or mental limitation(s) and expected duration of such limitation(s).

Please attach additional page(s) if necessary. NOTE: it is not necessary to indicate a medical diagnosis or condition.

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

---

---

---

B. Explain how the disability or limitation affects your ability to perform one or more of the essential functions of the job/position.

---

---

---

---

---

C. List accommodation(s) needed to perform the essential functions of the job/position. Please attach additional pages if needed.

---

---

---

---

---

D. Has a physician or other medical or rehabilitation provider/professional recommended one or more specific accommodation(s)? YES \_\_\_ NO \_\_\_  
If yes, please attach a copy of the recommendation(s).

Please forward the completed form with any accompanying attachments to:

[Name/Title]: \_\_\_\_\_  
[System Office/Technical College] \_\_\_\_\_  
[Street Address]: \_\_\_\_\_  
[City/State/Zip Code]: \_\_\_\_\_

### Information Pertaining to Medical Documentation

In the context of assessing an accommodation request, medical documentation may be needed to determine if an employee has a disability covered by the ADA, whether an accommodation is appropriate and, if so, to work in conjunction with an employee to determine an effective accommodation.

Generally, medical inquiries related to an employee's disability and functional limitations are permissible and may include consultation(s) with a physician or other medical/rehabilitation provider/professional to include organizations with expertise in adaptations for specific disabilities.

In the event that medical documentation is required, you will be provided with the appropriate form(s) to submit your medical provider or other referenced professional. Please note that it is your responsibility to ensure that the medical provider or other provider/professional follows through on any request for medical information.

**Attachment: 4.6.2p.a2.**

**TECHNICAL COLLEGE SYSTEM OF GEORGIA  
Medical Information Request Letter**

**[DATE]**

**[Applicant/Employee Name]**

**[Address]**

RE: Request for Medical Documentation

Dear: **[Name]**

In response to your recent request for a reasonable accommodation, the submitted information indicates that you have or may have a health condition that impacts your ability to perform the essential functions of **[your job or the job you applied for]**. To assist **[the System Office or \_\_\_\_\_ Technical College]** in identifying a reasonable accommodation, additional medical information is needed from your treating health care provider or other provider/professional. Please be advised that the accommodation procedures of the Technical College System of Georgia follow the Americans with Disabilities Act, as amended, and the additional information is needed to implement this process.

On receipt of the medical information, we will work together to identify whether accommodation(s) are needed, determine if reasonable accommodation(s) are available, and implement applicable accommodation strategies. The health information provided by your provider/professional is considered confidential and only information necessary to the implementation of a reasonable accommodation will be shared with **[the employee's supervisor or the supervisor of the position applied for]** and, as applicable, **[the reviewing manager or other designated officials]**. All written documentation accompanying your request, including associated medical information, will be maintained separately and treated confidentially. For employees, the documents will be placed in your medical file, which is separate from your official personnel file.

I encourage you to discuss your health concerns as they relate to **[your/the]** assigned job duties with your treating health care provider/professional. In addition to the enclosed Medical Information Request Form, and your completed Reasonable Accommodation Request Form and Authorization for Release of Information Form, I have enclosed the following documents to assist your provider/professional in his/her review of your request for accommodation: **[Select from among: a listing of the essential and marginal functions of the position, the Essential and Marginal Functional Analysis of the position, the accompanying job/position description or, the performance planning document].**

**[Applicant/Employee Name]**

**[Date]**

Please have your treating health care provider/professional read this letter and respond to the questions on the attached Medical Information Request Form. Please return the completed form to me no later than **[Insert Date: fifteen (15) calendar days from the date of the letter.]**

I encourage you and/or your treating health care provider/professional to contact me with any questions regarding this process or the accompanying Medical Information Request Form.

Sincerely,

**[Human Resources Representative]**

Enclosures: Medical Information Request Form  
Reasonable Accommodation Request Form  
Authorization for Release of Information Form  
Essential and Marginal Job Function Analysis Worksheet  
**[Other enclosed document(s)]**

Cc:

**TECHNICAL COLLEGE SYSTEM OF GEORGIA  
Medical Information Request Form**

**Section I: (For Completion by Human Resources Representative)**

Applicant/Employee Name: \_\_\_\_\_

The **[position entails/employee works]** a regular schedule of \_\_\_\_\_ hours per day, averaging \_\_\_\_\_ per week.

Return completed form to:

\_\_\_\_\_ Human Resources Representative  
\_\_\_\_\_ **[TCSG System Office or Technical College]**

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Section II: (For Completion by Treating Health Care Provider/Professional)**

What is the physical or mental health condition? \_\_\_\_\_

Are you the treating health care provider/professional? Yes \_\_\_ No \_\_\_

Please identify the major life activities below that are limited due to the health condition(s), the treatment for the health condition(s), or the side effect of medication(s) for the health condition(s) that may impact these major life activities.

**Limitation in the number of hours worked:**

\_\_\_ Work no more than \_\_\_\_\_ hours per day  
\_\_\_ Work no more than \_\_\_\_\_ hours per week :

**Frequently = 34% to 66% of the time – Occasionally = 1% to 33% of the time:**

___ Lift up to _____ pounds	___ Frequently	or	___ Occasionally
___ Push/pull/force up to _____ pounds	___ Frequently	or	___ Occasionally
___ Bend, twist, stoop	___ Frequently	or	___ Occasionally
___ Reaching	___ Frequently	or	___ Occasionally

**During Work Hours:**

\_\_\_ Stand no more than \_\_\_\_\_ hours  
\_\_\_ Walk no more than \_\_\_\_\_ hours  
\_\_\_ Sit no more than \_\_\_\_\_ hours

**Additional Major Life Activities:**

___ Concentration	___ Think	___ Hear	___ Learn	___ Perform Manual Tasks
___ Interact with Others	___ Sleep	___ Eat	___ Read	___ Communication
___ Work	___ Slight	___ Breathe	___ Speak	___ Other: _____
___ Major Bodily Functions (Please List) _____			___ Caring for Oneself	

Please Provide Details:

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

What is the impact on the individual's ability to perform **[the or his/her]** job?

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

---

---

---

---

---

---

What is the expected duration of the limitation(s) pertaining to a major life activity as noted above?

---

---

---

---

---

---

---

---

Office Name of the Treating Healthcare Provider/Professional

Treating Health Care Provider/Professional (Printed Name)

Treating Health Care Provider/Professional (Signature)

Date

NOTE: 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 an individual, except as permitted by law. To comply with these provisions, we request that you do not provide any genetic information when responding to this request for medical information. "Genetic Information" is defined as 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.



**Attachment 4.6.2p.a4.**

**TECHNICAL COLLEGE SYSTEM OF GEORGIA  
Authorization for Release of Information Form**

**For Completion by Applicant/Employee**

I, \_\_\_\_\_ authorize \_\_\_\_\_ of  
Applicant/Employee Name (Please Print) Health Care Provider/Professional (Please Print)  
\_\_\_\_\_ to discuss, disclose and/or provide the specific  
Clinic/Medical Office (Please Print)

Information referenced below to \_\_\_\_\_  
Human Resources Representative(s)

of \_\_\_\_\_ at the following mailing address:  
TCSG System Office or Technical College

Applicant or Employee Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Telephone Number: \_\_\_\_\_  
(Home) (Work or Cell)

**Covering the Following Periods of Health Care Services:**

From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

The following information will be used for the purpose of determining my employment accommodation needs:

(Check and initial each applicable section)

- \_\_\_\_\_ Medical
- \_\_\_\_\_ Psychiatric
- \_\_\_\_\_ Psychological
- \_\_\_\_\_ Other: \_\_\_\_\_

I understand that this information will include the following, if applicable:

(Check and Initial each applicable section)

- \_\_\_\_\_ Behavioral Health services/Psychiatric care and services
- \_\_\_\_\_ Treatment from alcohol and/or drug abuse/dependency





**Attachment: 4.6.2p.a5.**

**TECHNICAL COLLEGE SYSTEM OF GEORGIA  
Interactive Disability Accommodation Document**

This form is to be used by the designated human resources representative to record the results of the conversation(s) between an applicant or an employee with a disability and the System Office or employing technical college as to a reasonable accommodation required for the individual to have an opportunity for the safe, efficient and effective performance of the essential job functions of the specific position held or sought. Equipment or other material accommodations obtained by the System Office or technical college on behalf of the employee or applicant remain the property of the Technical College System of Georgia. In the event an employee transfers between System Office/technical college work units, a new request may be necessary.

---

**NOTE: This form will be filed separately and is considered confidential. For employees, the document will be placed in the respective medical file, which is maintained separately from each employee's official personnel file.**

Employee Name: \_\_\_\_\_ Agreement Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Unit: \_\_\_\_\_

In conjunction with the information obtained regarding the request for accommodation, list the limitation(s) and anticipated duration: \_\_\_\_\_

---

---

---

---

List the job tasks/assigned duties that are impacted and how they are impacted by the referenced limitation(s): \_\_\_\_\_

---

---

---

---

List the accommodation that will allow the employee or applicant the opportunity to perform the job task(s): \_\_\_\_\_

---

---

---

As applicable, the monetary cost of the accommodation: \$\_\_\_\_\_

Applicant/Employee Agreement with the Accommodation: \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

**Signature below Indicate Agreement with Accommodation(s)**

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner/Technical College  
President or Designee

\_\_\_\_\_  
Date

NOTE: Immediate Supervisor's signature should be obtained before confidential medical information is attached

For an additional accommodation, please use Page 1 of Attachment D – complete and attach.

**TECHNICAL COLLEGE SYSTEM OF GEORGIA**  
**Essential and Marginal Job Function Analysis Worksheet**

**SECTION I: Guidelines for Determining Essential versus Marginal Functions**

Under applicable provisions of the Americans with Disabilities Act (ADA), as amended, covered employers are required to complete an essential function analysis when a disability accommodation request is made. All TCSG System Office work units and all associated technical colleges are encouraged to complete the analysis prior to advertising a vacant position and to use the information in the interviewing process, as appropriate.

Job descriptions should include references to essential job/position functions and this information is applicable to staff training and development activities as well as with the performance appraisal/evaluation processes.

Pursuant to ADA guidelines, employment decisions are to be based on the essential functions of a particular job/position. Other functions categorized as marginal or secondary are not to be used as the basis for an employment decision. Unlike an essential job/position function, a marginal function is relatively incidental to the reason the position exists. Also, unlike an essential function, a marginal function can be transferred to another position without causing an undue hardship to the work unit. Although the task must be accomplished, it can be carried out by another employee.

Used properly, the Worksheet is an effective tool to ensure the accurate identification of both essential and marginal functions, the percentage of time required to perform job-related physical activities, the physical and cognitive requirements of the job/position, the equipment used, if any, and the accompanying environmental surroundings.

**SECTION II: Job/Position Information**

Position #: \_\_\_\_\_ Position Title: \_\_\_\_\_

Job Code#: \_\_\_\_\_ Work Unit: \_\_\_\_\_

Incumbent Name (if applicable): \_\_\_\_\_

**SECTION III: Position Summary**

Provide a brief position summary which describes the purpose of the position (please attach additional page(s) if needed):

---

---

---

---

---

**For Sections IV, V, VI, please assess and indicate whether each identified category/statement is either “Essential” (E), “Marginal” (M), or “Not Applicable” (N/A).**

**SECTION IV: Cognitive Processes**

**E      M      N/A**

1. Is the inspection of products, objects or materials necessary? \_\_\_\_\_
2. Does the job require analyzing information, documents, or data? \_\_\_\_\_
3. Does the job require planning sequences of operations or actions? \_\_\_\_\_  
 a. Simple Planning \_\_\_\_\_  
 b. Complex Planning \_\_\_\_\_
4. Does the job require decision-making skills? \_\_\_\_\_  
 a. Simple Decisions \_\_\_\_\_  
 b. Complex Decisions \_\_\_\_\_
5. Is logic required to define problems, collect information, and establish facts? draw accurate conclusions, interpret information and/or deal with abstract variables? \_\_\_\_\_
6. Are basic counting, addition and/or subtraction required? \_\_\_\_\_
7. Is performing algebra, geometry, and/or statistics necessary? \_\_\_\_\_  
 a. Simple calculations \_\_\_\_\_  
 b. Complex calculations \_\_\_\_\_
8. Is the ability to comprehend written language required? \_\_\_\_\_  
 a. Basic instructions, safety rules, correspondence \_\_\_\_\_  
 b. Technical or professional materials, financial or legal documents \_\_\_\_\_
9. Is the ability to write necessary? \_\_\_\_\_  
 a. Compose letters or memoranda \_\_\_\_\_  
 b. Compose and/or edit reports or other professional materials \_\_\_\_\_
10. Is the ability to comprehend verbal instructions a necessary part of the job? \_\_\_\_\_  
 a. Comprehend simple verbal instructions \_\_\_\_\_  
 b. Comprehend technical and/or complex verbal instructions \_\_\_\_\_
11. Is verbal communication a necessary part of the job? \_\_\_\_\_  
 a. Is talking in standard English required? \_\_\_\_\_  
 b. Is talking using complex, technical or professional English required? \_\_\_\_\_  
 c. Is knowing a foreign language required? If so, please identify the foreign language: \_\_\_\_\_

Comments:

---



---



---



---

**SECTION V: Position Components**  
**(Assessment of the responsibilities and required aptitudes)**

**E      M      N/A**

1. Work with frustrating situations: Job objectives are often hindered by events beyond the incumbent’s control. \_\_\_\_\_
2. Job is a high demand position with associated stress \_\_\_\_\_
3. Advising required: counsel, recommend, guide or caution others in legal, financial, scientific, technical, educational, or other professional matters \_\_\_\_\_
4. Coordinate, monitor, and organize the activities of others to achieve desired objectives, without possessing supervisory authority \_\_\_\_\_
5. Teaching/training others or providing academic instruction \_\_\_\_\_
6. Participate in group activities requiring interpersonal skills and cooperation \_\_\_\_\_
7. Working under time pressures and established deadlines \_\_\_\_\_
8. Working an irregular schedule. May be required to work additional hours \_\_\_\_\_
9. Must manage multiple assignments with conflicting demands or priorities \_\_\_\_\_

- 10. Concentration: maintain attention to detail over extended period(s) of time. Must be continually aware of variations to changing situations\_ \_\_\_\_\_
- 11. Frequent travel is a job requirement \_\_\_\_\_
- 12. Reaction or response: quick reaction or immediate response to emergencies \_\_\_\_\_
- 13. Research and analysis: fact-finding, interpretation, and investigation required In preparing reports, documents, or evaluations \_\_\_\_\_
- 14. Accountability and consequence of error: responsible for money, equipment or personnel. If work objectives are not met, serious consequences may result \_\_\_\_\_
- 15. Work is performed independently or with minimal on-site supervision \_\_\_\_\_
- 16. Supervise others: recruit, screen, assign and monitor work products, train and evaluate other employees \_\_\_\_\_
- 17. Confidentiality: works with confidential information, material, or records \_\_\_\_\_

Comments:

---

---

---

---

---

---

---

---

---

---

**SECTION VI: Physical Requirements**

**E      M      N/A**

- 1. Is talking necessary? \_\_\_\_\_
- 2. Is hearing necessary? \_\_\_\_\_
- 3. Is sight necessary? (If Not Applicable, skip to 3.e.)
  - a. Is the ability to distinguish between colors necessary? \_\_\_\_\_
  - b. Is vision clarity of greater than 20 feet necessary? \_\_\_\_\_
  - c. Is vision clarity of less than 3 feet necessary? \_\_\_\_\_
  - d. Is depth perception necessary? \_\_\_\_\_
  - e. Is an entire field of vision/periphery required? \_\_\_\_\_
- 4. Is walking necessary? (If Not Applicable, skip to question #5)
  - a. Is walking on ramps a regular duty assignment? \_\_\_\_\_
  - b. Is walking distances of a mile or less daily a regular duty assignment? \_\_\_\_\_
- 5. Is sitting a part of the job? (If Not Applicable, skip to question #6)
  - a. 0-2 hours per day \_\_\_\_\_
  - b. 2-4 hours per day \_\_\_\_\_
  - c. 4-8 hours per day \_\_\_\_\_
- 6. Is standing a part of the job? (If Not Applicable, skip to question #7)
  - a. 0-2 hours per day \_\_\_\_\_
  - b. 2-4 hours per day \_\_\_\_\_
  - c. 4-8 hours per day \_\_\_\_\_
- 7. Is a certain amount of dexterity required? (If Not Applicable, skip to Question #8)
  - a. Is good balance required? \_\_\_\_\_
  - b. Must the employee possess the ability to grip, hold and turn an object in his/her hands? \_\_\_\_\_
  - c. Does the job require a "pinch" type activity using one's fingers? \_\_\_\_\_
- 8. Is climbing ladders and/or stairs a job requirement? (If Not Applicable, skip to Question #9)
  - a. Will climbing involve carrying object(s) of greater than 10 lbs.? \_\_\_\_\_
  - b. Will climbing frequency be 25 or more times per day? \_\_\_\_\_
- 9. Does the job require the lifting of objects? (If Not Applicable, skip to Question #10)
  - a. Lifting 10 - 24 lbs. \_\_\_\_\_

- b. Lifting 25 - 49 lbs. \_\_\_\_\_
- c. Lifting greater than 50 lbs. \_\_\_\_\_
- d. Is lifting a frequent task? \_\_\_\_\_
- e. Is lifting an infrequent task? \_\_\_\_\_
- 10. Is pushing or pulling objects required? (If Not Applicable, skip to Question #11) \_\_\_\_\_
- a. Is pushing or pulling objects a frequent task? \_\_\_\_\_
- b. Is pushing or pulling objects an infrequent task? \_\_\_\_\_
- 11. Does the position require repetitive motion – excessive repeating movement of hands, wrist and arms? \_\_\_\_\_
- 12. Is stooping, kneeling, or crouching required? (If Not Applicable, skip to Question #13) \_\_\_\_\_
- a. Is stooping, kneeling, or crouching a frequent task? \_\_\_\_\_
- b. Is stooping, kneeling, or crouching an infrequent task? \_\_\_\_\_
- 13. Is crawling (i.e., to crawl and move about on hands and knees) required? \_\_\_\_\_

*Comments:*

---



---



---

**Physical Requirements – Definitions:**

**Talking:** communicate verbally, converse with, convey, express oneself, exchange information.

**Hearing:** perceive the nature of sounds by ear.

**Seeing/Sight:** detect, identify, perceive with the eyes, to observe.

**Walking:** moving about on foot to accomplish tasks, moving from one work site to another

**Sitting:** remain in a seated position.

**Standing:** remaining on one's feet in an upright position without moving about.

**Balance:** maintaining body equilibrium to prevent falling when walking, standing, crouching, kneeling, running, etc., on surfaces which may be slippery, narrow, of changing elevations, of different conditions, etc.

**Fingering:** picking, pinching, typing or otherwise working primarily with fingers rather than with the whole arm or hand. To grip or hold an object in one's hand(s).

**Climbing:** ascending or descending ladders, stairs, scaffolding, ramps, poles using feet and legs and/or hands and arms. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.

**Lifting:** raising objects from a lower position to a higher position or moving objects horizontally from position to position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.

**Pushing:** to exert force against an object; uses upper extremities to press against something with steady force (i.e., to thrust forward, downward, or outward) to move the object away from the force.

**Pulling:** using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.

**Stooping:** bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires the full use of the lower extremities and back muscles.

**Crouching:** bending the body downward and forward by bending leg and spine.

**Crawling:** moving about on hands and knees or hands and feet.

**Kneeling:** bending legs at knee to come to a rest on knee or knees.

**SECTION VII: Degree of Physical Activity – Indicate the percentage of time engaged in pushing and pulling activities. The total should equal 100%**

		N/A	<25%	25-49%	50-74%	>75%
Sedentary	Exert up to 10 lbs. of force occasionally* or a minute amount frequently**	—	—	—	—	—
Light	Exert up to 20 lbs. of force occasionally and/or up to 10 lbs. of force frequently	—	—	—	—	—
Medium	Exert 20-50 lbs. of force occasionally and/or 10-15 lbs. of force frequently	—	—	—	—	—
Heavy	Exert 50-100 lbs. of force occasionally and/or	—	—	—	—	—

	25-50 lbs. of force frequently	___	___	___	___	___
Very Heavy	Exert 100 lbs. of force occasionally and/o 50 lbs. of force frequently	___	___	___	___	___

NOTE:           \*Occasionally: activity or conditions exist up to 1/3 of the time  
                  \*\*Frequently: activity or conditions exist from 1/3 to 2/3's of the time

Comments:

---



---



---



---

**SECTION VIII: Physical Surroundings and Hazards – indicate which statements are applicable:**

- \_\_\_\_\_ Spends 0-2 hours per day outdoors
- \_\_\_\_\_ Spends 2-4 hours per day outdoors
- \_\_\_\_\_ Spends 4-8 hours per day outdoors
- \_\_\_\_\_ Works in temperatures at or below 32 degrees for more than one hour at a time
- \_\_\_\_\_ Works in temperatures at or above 90 degrees for more than one hour at a time
- \_\_\_\_\_ Does noise require an employee to shout in order to be heard
- \_\_\_\_\_ Is there exposure to vibrating movements to the extremities or the entire body
- \_\_\_\_\_ Is there a risk to bodily injury due to the proximity to mechanical parts, motorized equipment, instruments, electric currents, or chemicals
- \_\_\_\_\_ Are there conditions that may affect the respiratory system, skin, or allergies (e.g., fumes, odors, air particles)

Comments:

---



---



---



---



---



---

**SECTION IX: Equipment, Tools, Electronic and Communication Devices – List those the employee will use to perform his/her assigned duties**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

Comments:

---



---



---



---



**SECTION X:** Essential and Marginal Function Statements – A job function statement should focus on the purpose (of the job), the result(s) to be accomplished, and the productivity required rather than the manner in which the function is performed. Identify whether the functions are essential or marginal and provide the projected percentage of time devoted to each in a normal work day. Please start each statement with a verb. NOTE: the Essential and Marginal Functions should total 100%

Essential (Primary) Functions	% Marginal (Secondary) Functions	%
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

Comments:

---



---



---



---



---



---

**SECTION XI: General Information:**

Must a vehicle be driven to perform the essential/primary functions of the position ? \_\_\_ Yes \_\_\_ NO

Location(s) where the work is performed: \_\_\_\_\_

Assigned work schedule: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Name and Title of Individual Completing this Worksheet: \_\_\_\_\_

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

**Attachment: 4.6.2p.a7.**

**TECHNICAL COLLEGE SYSTEM OF GEORGIA  
Reasonable Accommodations in Employment  
Applicants and Employees  
Frequently Asked Questions**

**Who is eligible to receive a reasonable accommodation under the ADA?**

The Americans with Disabilities Act, as amended, prohibits discrimination against a qualified individual with a disability in employment practices such as an employment application process, hiring, promotion, discharge, compensation, training, benefits and other conditions of employment.

**Under the ADA, what constitutes a disability?**

An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or, is regarded as having such impairment. NOTE: an impairment that is episodic or in remission can meet this definition if the impairment would substantially limit a major life activity when active. Additionally, an individual covered only by the “regarded as” provision is not entitled to reasonable accommodation.

**Are temporary conditions covered?**

Temporary, minor, non-chronic conditions of a short duration, with little or no long term or permanent impact (e.g., cuts, bruises, sprains, simple infections, or short-term viruses), are not considered impairments and are, therefore, not covered.

**Who is considered a qualified individual with a disability?**

An individual (i.e., an applicant or employee) who meets the established minimum qualifications (i.e., the skills, experience, education, or other requirements) of a job/position he/she holds or desires to hold and who can perform the essential functions of the job/position with or without reasonable accommodation.

**What is a reasonable accommodation?**

A reasonable accommodation is any change or adjustment to a job/position or the work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job/position, or to enjoy benefits and other privileges of employment equal to those enjoyed by employees without disabilities. A reasonable accommodation may include, but is not limited to: the acquisition or modification of equipment or devices; the modification or restructuring of assigned job duties; a part-time or modified work schedule; a temporary reassignment to a vacant position; an adjustment or modification to the job application process, an examination, or training materials; providing a qualified reader or interpreter; or, making the workplace more readily accessible to and usable by individuals with disabilities.

**How does an applicant or employee initiate a request for a reasonable accommodation?**

A request for a reasonable accommodation may initially be made orally or in writing by an applicant or employee. It is also permissible for a family member, friend, or other representative

to initiate a reasonable accommodation request on behalf of an applicant or employee with a disability. Any such request need not mention the specific phrase “reasonable accommodation” and can be made in plain language which indicates only that that the individual requires a change at the work site or assistance in the application process due to a physical or mental impairment. Upon receipt of a request, the applicant or employee will be asked to complete a Reasonable Accommodation Request Form to better enable the TCSG System Office or technical college to explore possible workplace accommodations or alternatives to established application processes and to determine if medical information/documentation is needed in this effort. In many instances, an accommodation will be obvious and can be made without the need for additional information.

**What are the responsibilities of the Technical College System of Georgia and its technical colleges when a request for accommodation is received?**

When a qualified individual with a disability initiates a request for accommodation or a request is made on behalf of the individual, the Technical College System of Georgia and its technical colleges must make a good faith effort to provide an accommodation that is effective for the individual. Accommodations must be considered on a case-by-case basis because of the nature and extent of a disabling condition and the requirements of the job/position in question. In many instances, an appropriate accommodation will be obvious and can be made without difficulty and at little or no cost. The TCSG and the applicant/employee will work together through an interactive process as it considers the requested accommodation. NOTE: the TCSG is only obligated to consider an accommodation request for a “known” disability of an otherwise qualified applicant or employee. When the need for an accommodation is not obvious, the TCSG may require that the individual provide documentation of the need for accommodation.

**When is the Technical College System of Georgia required to make a reasonable accommodation?**

The TCSG is only required to accommodate a known disability of an otherwise qualified applicant or employee. The requirement is generally initiated by a request directly from the individual or one made on behalf of an individual with a disability. If an individual does not request an accommodation, the TCSG is not obligated to provide one except for instances in which an individual ‘s known disability impairs his/her ability to know of, or effectively communicate a need for an accommodation that is obvious. The TCSG is not required to make an accommodation if it would impose an “undue hardship” on TCSG operations (i.e., one which is unduly costly, extensive, substantial, or disruptive or which would fundamentally alter the nature and structure of TCSG operations). For purposes of the TCSG, its work units, and technical colleges, an “undue hardship” would encompass any action that would be unduly burdensome, or that would fundamentally alter the nature, composition, structure, and functions of the work unit where the applicant would or the employee is working to include the impact of the accommodation on the ability of other employees to perform their duties and responsibilities. Additionally, if a particular accommodation would pose an undue hardship, the TCSG must attempt to identify another accommodation that would not pose such a hardship.

**Must the Technical College System of Georgia provide an employee with his/her requested accommodation?**

Any accommodation made by the Technical College System of Georgia in response to a specific request (for accommodation) must be adequate and designed to assist an employee with a disability in the performance of the essential functions of his/her job/position. The accommodation, however, does not have to be the “best” accommodation possible or the specific accommodation requested by an employee provided the accommodation is sufficient to meet the job-related needs of the individual.

## **How does the Technical College System of Georgia determine if an employee's request for accommodation is reasonable?**

When a qualified employee with a disability requests an accommodation to assist in the performance of his/her job/position, a multi-step process is initiated to include:

1. An analysis of the particular job/position to determine its overall purpose and the identification of both essential and marginal functions;
2. Consultation with the requesting employee with a disability to determine the precise job-related limitations imposed by the individual's disability and how the limitations could be overcome with a reasonable accommodation;
3. Through this interactive process, identify potential accommodations and assess the effectiveness of each would have in enabling the individual to perform the essential functions of his/her job/position; and,
4. Consider the preference of the individual (if any) relative to the possible accommodation and, absent a determination of an undue hardship, select the accommodation that best serves the needs of the individual and the TCSG work unit.

## **How does the Technical College System of Georgia determine the "essential functions" of a particular job/position?**

The term "essential functions" pertains to the fundamental (primary) job duties of the employment position the individual with a disability holds or desires to hold. Marginal or secondary job duties are not considered "essential functions".

In making this determination, the TCSG System Office or technical college work unit will consider the following:

1. A given function may be essential because the reason the position exists is to perform that particular function;
2. A given function may be essential because of the limited number of available employees who can perform the identified job function; and/or,
3. A given function may be so highly specialized that the position's incumbent has been/will be hired for his/her expertise or ability to perform that particular function.

Evidence of whether a particular function is essential includes, but is not limited to:

1. The judgment of the TCSG work unit as to which functions are essential and those that are considered marginal;
2. Written job descriptions or performance plans prepared before advertising or interviewing applicants for the job/position;
3. The amount of time spent on the job performing the function;
4. The consequences of not requiring the incumbent to perform the function;
5. The work experience of past incumbents in the job/position; and/or,
6. The current work experience of incumbents in similar jobs/positions.

## **Will an applicant or employee be requested to provide medical information to support a request for reasonable accommodation?**

During the assessment of any request for a reasonable accommodation, medical documentation may be needed to determine if an applicant or employee has a disability covered by the ADA

and, as such, is entitled to an accommodation (e.g., has a permanent disability as distinguished from a temporary disability that substantially limits one or more major life activities, affects the individual's ability to perform essential job functions, and is of sufficient severity). In these instances, the documentation will help identify an effective accommodation.

Generally in the context of analyzing a request for accommodation, medical inquiries related to an individual's disability and functional limitations are permissible and may include consultation(s) with knowledgeable professional sources such as physicians, occupational and physical therapists, rehabilitation specialists and, as applicable, organizations with expertise in adaptations for specific disabilities. If medical documentation is required, the individual will be provided with the appropriate forms to submit to his/her medical provider or other professional. The applicant or employee is responsible to ensure that the provider/professional follows through on request(s) for medical information.

**If requested, how will the information be maintained and will it be treated confidentially?**

Given that the Reasonable Accommodation Request Form may contain information that is considered of a medical nature and may constitute a medical record under the ADA, the form will be managed in a confidential manner and, for employees, will not be placed in his/her official personnel file. Instead, the documentation will be housed separately in a locked compartment in the System Office or technical college Office of Human Resources and treated confidentially. Access to such information will be restricted only to those System office or technical college employees who need to be aware of the information to better assess the reasonableness of the requested accommodation and, as applicable, those employees who are responsible for overseeing the implementation of any accommodation.

**TECHNICAL COLLEGE SYSTEM OF GEORGIA  
Reasonable Accommodations in Employment  
Managers and Supervisors  
Frequently Asked Questions**

**Must the System Office or a technical college give preference to a qualified applicant with a disability over other applicants?**

No, the System Office and its technical colleges are free to select the most qualified applicant for a given position provided such decisions are based on reasons unrelated to an applicant's disability.

**Can health and safety considerations play a role in a hiring decision?**

Yes, the ADA permits employers to establish qualification standards that will exclude individuals who pose a direct threat (i.e., a significant risk of potential harm) to the health and safety of the individual and others if that risk cannot be eliminated or reduced to a level below a "direct threat" by reasonable accommodation. Thus, the ADA recognizes the need to balance the interests of individuals with disabilities with the legitimate interests of an employer in maintaining a safe workplace. In this regard, the TCSG cannot simply assume that a threat exists; instead, the System Office or a technical college must establish through objective, medically-supported methods that there is a significant risk that substantial harm could occur in the workplace.

**May the System Office or a technical college consider mitigating measures (e.g., medication that corrects an impairment) in determining whether an employee has a disability?**

No, generally an individual's use of one or more mitigating measures (except ordinary eyeglasses or contact lenses) cannot be considered in determining whether an impairment substantially limits a major life activity. This includes, but is not limited to, such measures as medications, equipment, devices, hearing aids, use of assistive technology, and auxiliary aids or services.

**May the System Office or a technical college consider mitigating measures in assessing whether an employee is entitled to a reasonable accommodation or poses a direct threat to self or others?**

Yes, the ADA Amendments Act of 2008 prohibition on assessing the positive effects of mitigating measures applies only to the determination of whether an individual meets the definition of "disability". All other determinations, including the need for a reasonable accommodation and whether an individual poses a direct threat, can take into account the positive and negative effects of a mitigating measure. Thus, if an individual with a disability uses a mitigating measure which eliminates the need for a reasonable accommodation, the TCSG has no obligation to provide one.

**Should a manager or supervisor voluntarily approach an employee if he/she suspects the employee may have a disability and may need an accommodation?**

With the exception of a visibly obvious impairment, a manager or supervisor should not assume or speculate about an employee's physical or mental impairment. As with any other employee, the manager or supervisor should discuss the work-related issues with the employee (i.e. related to attendance, behavior/conduct, or performance difficulties). Alternatively, if an employee believes that an impairment is impacting his/her work performance, the employee should notify his/her manager or supervisor to initiate the reasonable accommodation process so that it can be determined whether the impairment is a disability and whether an accommodation is necessary.

**Can the System Office or a technical college establish an attendance and leave policy even though it may have a more severe impact on an employee with a disability?**

Yes, an attendance and leave policy may be developed provided it is applied in a similar and consistent manner to all employees, regardless of disability. However, if an individual with a disability requests a modification of a time and attendance policy as a reasonable accommodation, the System Office or technical college may be required to provide it unless doing so would impose an undue hardship. NOTE: the ADA does not generally require an employer to accommodate repeated instances of tardiness or absenteeism that occur with some frequency over an extended period of time and without advance notice. Under these or similar circumstances, an employee who is chronically, frequently, and unpredictably absent may not be able to perform one or more of the essential functions of his/her job/position and/or the employer may be able to demonstrate that any accommodation would impose an undue hardship, thus rendering the employee unqualified (for purposes of ADA coverage).

**Can the System Office or a technical college establish and maintain performance standards/requirements for an employee with a disability?**

Yes, an employee with a disability can be held to the same standards of performance as other similarly situated employees without disabilities for performing the essential functions of his/her job/position, with or without reasonable accommodation. The System Office or technical college can also hold this employee to the same performance standards as other employees regarding marginal functions unless the disability affects the individual's ability to perform one or more of the marginal functions. In the latter instance, a reasonable accommodation may be required.

**Can the System Office or a technical college use the same performance evaluation criteria for employees with disabilities as for employees without disabilities?**

Yes, a manager or supervisor should evaluate the job performance of an employee with a disability in the same manner as he/she evaluates an employee without a disability.

**If a manager or supervisor gives a low performance rating to an employee and the employee responds by revealing that he/she has a disability that is causing the performance problem(s), may the low rating still be delivered?**

Yes, the rating reflects the employee's performance regardless of what role, if any, a disability may have played.

**How should a manager or supervisor respond if an employee requests an accommodation for the first time in response to a low performance rating?**

The manager/supervisor may proceed with the delivery of the performance rating, but should also initiate the interactive reasonable accommodation process by discussing with the employee how the disability may be impacting his/her performance and what accommodation

the employee believes may be helpful to improve the situation. After the discussion, the manager or supervisor should consult with staff in the System Office or technical college Office of Human Resources regarding the request for reasonable accommodation.

NOTE: when an employee fails to give notice of the need for an accommodation until after a performance rating is delivered, initiating the interactive reasonable accommodation process does not require the System Office or technical college to tolerate or excuse the poor performance, raise a performance rating; or, deliver a performance evaluation/rating that does not reflect the employee's actual performance.

**How should a manager or supervisor respond to an employee who mentions a disability and/or requests a reasonable accommodation for the first time in response to formal or informal counseling or the delivery of disciplinary action for unacceptable performance, behavior/conduct issues or attendance problems?**

If an employee states that his/her disability is the cause of the performance, behavior/conduct, or attendance problem(s) and/or requests an accommodation, a manager or supervisor may still discipline the employee for the stated problem(s). If the appropriate disciplinary action is dismissal from employment, the ADA does not require further discussion about the employee's disability or request for reasonable accommodation.

NOTE: if the disciplinary action delivered is a Reminder 1, a Reminder 2, or a Decision Making Leave, the manager or supervisor may ask about the disability in conjunction with the misconduct or problem with performance or attendance. If the employee believes that a reasonable accommodation could help correct these problems and makes such a request, the manager or supervisor should consult with staff in the System Office or technical college Office of Human Resources to initiate the interactive reasonable accommodation process.

**May an employee be disciplined even if it is determined that his/her disability caused a violation of the Technical College System of Georgia's procedure governing standards of business conduct or other State Board policies and procedures?**

Yes, the ADA does not protect employees who violates workplace conduct rules (to include those individuals whose conduct is caused by a disability) provided the established standards (of conduct) are job-related and consistent with business necessity and other employees are held to the same standards.

**Must the System Office or a technical college grant an indefinite leave of absence without pay as a reasonable accommodation to an employee with a disability?**

No, although an employee may be entitled to up to twelve (12) weeks of family leave under the Family and Medical Leave Act for a qualifying condition and the TCSG may be required to grant a leave of absence without pay as a reasonable accommodation in response to a medical condition, we have no obligation under the ADA to provide leave for an indefinite period. The primary rationale is that such a request could be considered an undue hardship similar to frequent and unpredictable requests for leave. If an approximate return date or the estimated time for return from a leave of absence is incorrect, additional medical information may be requested from the employee's treating provider/professional to determine whether the System Office or technical college can continue to extend a leave of absence without undue hardship or whether the request for a leave of absence has become a leave of an indefinite duration.

**Must a technical college modify existing facilities to provide an employee with a disability reasonable access to the workplace?**



Yes, a covered employer's obligation under Title 1 of the DA is to provide an employee with a disability the opportunity to perform the essential functions of his/her job/position, including access to a building, to the worksite, to needed equipment, and to all facilities used by employees. A requested modification must be provided unless the accommodation would impose undue financial or administrative hardships on the business or associated operations of the technical college.

**Must the System Office or a technical college reassign an essential function of a particular job/position to another employee as a reasonable accommodation?**

No, the System Office or a technical college is not required to reassign an essential function to another employee as a reasonable accommodation.

**Must the System Office or a technical college permit an employee with a disability to work a modified or part-time work schedule as a reasonable accommodation, absent undue hardship?**

Yes, examples could include an adjustment to an employee's arrival and/or departing times, providing periodic breaks, allowing an employee to use accrued leave for medical appointments and, providing an unpaid leave of absence for defined periods of time.

**Must the System Office or a technical college provide a reasonable accommodation for an employee with a disability that is needed in response to the side effects resulting from medication or treatment or because of symptoms or other medical condition(s) resulting from the disability?**

Yes, any side effects resulting from medication and/or treatment that an employee must take are limitations associated with his/her disability and, therefore, requires reasonable accommodation.

**Could it be necessary to modify a State Board policy or procedure or a technical college operating procedure as a reasonable accommodation?**

Yes, a reasonable accommodation could include a modification to a workplace policy or procedure when necessitated by an employee's disability-related limitations, absent undue hardship. In this instance the modification would only apply to the employee who requires the accommodation.

**Is a promotion a reasonable accommodation?**

No, under the ADA, the System Office or a technical college is not required to promote an employee with a disability for the sole purpose of providing an accommodation.

**Must the System Office or a technical college consider a reassignment to a vacant position as a reasonable accommodation?**

Yes, the ADA specifically references "reassignment to a vacant position" as a possible accommodation for an employee with a disability who can no longer perform the essential functions of his/her job/position (with or without reasonable accommodation), absent undue hardship. In this circumstance, the employee must be qualified to hold the position (i.e., he/she must meet the minimum qualifications for the position) and be able to perform the essential functions, with or without reasonable accommodation. The System Office or technical college

has no obligation to assist the individual in becoming “qualified” (for a position) nor is the System Office or technical college obligated to create a new position as a reasonable accommodation.

**If the only available reasonable accommodation for an employee with a disability involves a reassignment to a lower level job/position, must the System Office or a technical college maintain the employee’s current salary?**

No, provided the System Office or technical college consistently follows a policy/procedure/practice in which the salary of an employee without a disability is reduced upon reassignment to a lower level position. If true, the salary of an employee with a disability can be reduced in the same manner.

**Must the System Office or a technical college permit an employee with a disability to work at home or at an alternative work site as a reasonable accommodation?**

In this circumstance, the System Office or a technical college must modify existing practices concerning where work is performed only if the accommodation is both effective and would not result in undue hardship. A determination of effectiveness will depend upon whether the essential functions of the job/position can be (effectively) performed at the employee’s home or at an alternative worksite. Considerations can include the responsibility for the supervision of subordinate employees, the use of certain equipment or tools, and for instructional staff, the responsibility for on-site classroom instruction and accompanying office hours (to be available for and to serve the needs of his/her students).

**Does the ADA protect an applicant or employee who is currently engaging in the illegal use of drugs?**

No, this person is specifically excluded from the definition of a qualified individual with a disability if action (i.e., dismissal) is taken on the basis of his/her illegal drug use, to include a positive drug test.

**Is testing for the illegal use of drugs permissible under the ADA?**

Yes, such testing for the presence of illegal drugs is not considered a medical examination under the ADA and is otherwise permissible.

**Does the ADA protect a recovered drug addict who is no longer engaging in the illegal use of drugs?**

Provided that the individual meets the other requirements of the definition of “disability” and who is otherwise “qualified”, he/she may be protected. The ADA exclusion of individuals currently engaging in the illegal use of drugs does not include an individual who has: successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs or has otherwise been rehabilitated successfully and is no longer engaging in such use; is participating in a supervised rehabilitation program and is no longer engaging in such use; or, is erroneously regarded as engaging in such use and is not engaging in such use.

**Are alcoholics covered by the ADA?**

Yes, an individual who currently uses alcohol is not automatically denied protection under the ADA. (NOTE: unlike illegal drug use, alcoholism is not subject to the “currently engaging” exception as alcohol is not a “drug” within the meaning of the ADA). An alcoholic is a person

with a disability and is protected by the ADA if he/she is otherwise “qualified” to perform the essential functions of the job/position and the addiction substantially limits a major life activity. The System Office or technical college may be required to provide an alcoholic with an accommodation; however, the employee can be disciplined or dismissed from employment if his/her use of alcohol adversely impacts job performance and/or his/her work-related conduct or attendance.

**Can the Technical College System of Georgia establish a policy or procedure which prohibits the use of alcohol and the illegal use of drugs in the workplace?**

Yes, both the ADA and the regulations of the EEOC provide that an employer may prohibit the illegal use of drugs and the use of alcohol in the workplace by all employees; may require that employees shall not be under the influence of alcohol or engaging in the illegal use of drugs in the workplace; may require employees adhere to the requirements of the Drug Free Workplace Act of 1988; and, may hold an employee who engages in the illegal use of drugs or who is an alcoholic to the same qualification standards for employment or job performance and behavior that it holds other employees, even if any unsatisfactory performance or behavior is related to the use of drugs or alcoholism.

NOTE: The TCSG prohibitions regarding the possession and use of alcohol and the illegal use of drugs in the workplace are referenced in the Drug-Free Workplace Policy (III.O.) and the Procedure governing Standards of Business Conduct (III.L.4.).

## TECHNICAL COLLEGE SYSTEM OF GEORGIA Reasonable Accommodation Review Form

**Review Process:**

If an employee or applicant's reasonable accommodation request has been modified or denied and he/she disagrees with the decision, he/she may request a review of the determination within thirty (30) calendar days of receiving written notice as follows:

1. Answer all question on this form as accurately and completely as possible;
2. Attach documentation that supports your need for accommodation as well as documentation of the System Office/technical college decision; and,
3. Submit the completed form and supporting materials to:

Ms. Linda Osborne-Smith  
Executive Director, Office of Legal Services  
Technical College System of Georgia  
1800 Century Place NE, Suite 400  
Atlanta, GA 30345-4304

**Employee Information:**

Check One:                      \_\_\_\_\_ Employee                      \_\_\_\_\_ Applicant

Name (Please Print): \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_                      Cell Number: \_\_\_\_\_

System Office Work Unit/Technical College: \_\_\_\_\_

As Applicable, Name of Immediate Supervisor: \_\_\_\_\_

As Applicable, Current Job Title: \_\_\_\_\_

Date Accommodation(s) Requested: \_\_\_\_\_

**Basis for Request for Review**

I request a review of the decision regarding my request for reasonable accommodation because:

\_\_\_\_\_ I was granted an accommodation, but not the specific accommodation requested.

\_\_\_\_\_ I was granted an accommodation, but not all of the accommodations requested.

\_\_\_\_\_ I was denied an accommodation due to a determination of undue hardship.

\_\_\_\_\_ I was denied an accommodation due to a determination of "direct threat" to me or others.

\_\_\_\_\_ I was denied an accommodation for the following reason(s):

---

---

---

---

---

I believe that the decision made in response to my request for one or more accommodations was incorrect for the following reasons:

---

---

---

---

---

**Employees:**

Describe the essential functions of your job and those functions specifically impacted by your limitations:

---

---

---

---

Describe the requested accommodation(s) and how they would allow you to better perform your assigned duties and responsibilities:

---

---

---

---

**Applicants:**

Describe the modification(s) or adjustment(s) to the job application process that would better enable you to be considered for employment:

---

---

---

My signature below confirms that I have read and understand the Reasonable Accommodation Review Form and I certify that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date