

**OKLAHOMA COUNTY JUVENILE BUREAU  
POLICY AND PROCEDURE MANUAL**

**CHAPTER THREE: PERSONNEL**

**POLICY 3.10: Employee/Applicant Requests for Reasonable  
Accommodation**

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**I. POLICY:**

The Oklahoma County Juvenile Bureau (OCJB) provides reasonable accommodations so that employees and applicants with disabilities can enjoy the benefits and privileges of employment equal to those enjoyed by similarly situated employees and applicants without disabilities. The OCJB shall provide employees reasonable accommodation due to physical or mental disability or impairment in accordance with the Americans with Disabilities Act (ADA) of 1990, Pub. L. No. 101-336, 104 Stat. 328, the Family Medical Leave Act (FMLA) of 1993, 29 U.S.C., 2601 et seq., and OCJB policy 3.12, "Employee Time and Leave." The OCJB provides qualified applicants reasonable accommodation due to disability or impairment in accordance with the American with Disabilities Act (ADA) of 1990, pub. L. No. 101-336, 104 Stat. 328 **(2-7030-1) (3-JDF-1C-05-2)**.

**II. DEFINITIONS:**

- A. **Americans with Disabilities Act of 1990:** The Americans with Disabilities Act (ADA), Pub. L. No. 101-336, 104 Stat. 328, prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities.
- B. **Essential Job Functions:** Essential job functions refer to the fundamental job duties of an individual position, duties that an employee must be able to perform, with or without reasonable accommodation.
- C. **Family Medical Leave Act (FMLA) of 1993:** The Family Medical Leave Act (FMLA) of 1993, 29 U.S.C., 2601 et seq., requires employers to grant leave for family and medical circumstances, as defined in OCJB policy 3.12, "Employee Time and Leave," and to reinstate the employee in the same or an equivalent position upon conclusion of the leave.

- D. **Medical Certification:** Documentation provided by a health care provider that explains an employee's abilities to perform his/her essential job functions. Employees returning to work after utilizing family medical leave due to their own serious illness must provide medical certification prior to resuming job duties.
- E. **Reasonable Accommodation:** A practical adjustment to a job or work environment that makes it possible for an individual with a disability to perform his/her essential job functions. When an individual decides to request accommodation, the individual or his/her representative must let the OCJB know that he/she needs an adjustment or change at work for a reason related to a medical condition. To request accommodation, an individual may use "plain English" and need not mention the ADA or use the phrase "reasonable accommodation." The Equal Employment Opportunity Commission recognizes three categories of "reasonable accommodations":
1. Modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires;
  2. Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; and
  3. Modifications or adjustments that enable an OCJB employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.
- F. **Undue Hardship:** Undue hardship occurs when an accommodation would be unduly costly, extensive, substantial, or disruptive, would fundamentally alter the nature or operation of the OCJB, or would pose a direct threat to the OCJB.

### **III. PROCEDURE:**

- A. Employee Requests for Accommodation (**3-JDF-1C-05-2**):
1. A request for reasonable accommodation is the first step in an informal, interactive process between the individual employee and the OCJB.

2. When a verbal accommodation request is made to a supervisor in the employee's chain of command, the supervisor shall document the request and notify the Human Resources Manager (HRM) of the request within two business days. This notification shall be written and shall detail the instance and request made by the employee.
3. When an employee requests accommodation for a disability that is obvious or already documented (e.g., wheelchair accessibility through doors and in offices, a blind or deaf employee needing communication accommodation, anatomical loss, the OCJB has previously received documentation of a medical issue, etc.), the employee shall not be required to provide additional documentation.
4. When an employee requests accommodation for a disability that is not obvious, he/she shall provide documentation to the HRM that is sufficient to:
  - a. Describe the nature, severity, and duration of the employee's impairment;
  - b. Describe the activity or activities that the impairment limits;
  - c. Describe the extent to which the impairment limits the employee's ability to perform the activity or activities; and
  - d. Substantiate why the requested accommodation is needed to enable the employee to perform his/her essential job functions.
5. The HRM may make medical inquiries of employees seeking reasonable accommodation due to a medical condition and shall provide the employee:
  - a. A copy of his/her job description and any other information pertinent to the physical or special requirements of the job; and
  - b. A copy of the "Employee Request for Reasonable Accommodation," Attachment A.
6. The employee is responsible for all costs associated with obtaining information from his/her health care provider and for providing his/her health care provider with:
  - a. A copy of his/her job description and any other information pertinent to the physical or special requirements of the job; and
  - b. A copy of the "Employee Request for Reasonable Accommodation," Attachment A, which is to be completed by the health care provider.
7. If the HRM determines the documentation provided by the employee's health care provider is insufficient, he/she will

provide the employee reasonable time to provide sufficient documentation. The HRM shall explain to the employee why the information is considered insufficient.

8. With the employee's permission given on the "Employee Request for Reasonable Accommodation," Attachment A, the HRM may contact the employee's health care provider.
9. The OCJB, at the agency's expense, may require that the employee be examined by a health care provider of the Oklahoma County Health and Safety Department's choosing if:
  - a. The information provided is insufficient, does not substantiate the existence of a disability/impairment, and/or does not explain the need for reasonable accommodation;
  - b. The employee does not respond in a timely manner to a request for additional information;
  - c. The employee's selected health care provider does not have the expertise to evaluate the employee's medication condition and the limitations it imposes;
  - d. The employee does not provide permission for the HRM to contact the health care provider; and/or
  - e. There is any indication that the information provided is not credible or is fraudulent.

**B. Interactive Process:**

1. Upon receipt and evaluation of sufficient information to assess fully the employee's requested accommodation, the HRM shall meet with the employee's department head and/or supervisor to determine barriers and propose viable options for providing various types of reasonable accommodation for those barriers.
2. The HRM shall meet with the employee requesting accommodation to discuss the request for accommodation. The OCJB may offer alternative suggestions for reasonable accommodations. The HRM shall discuss their effectiveness in removing the workplace barrier that is impeding the employee.
3. When multiple proposed options are available and reasonable, the OCJB shall have final decision authority. The OCJB may choose among reasonable accommodations as long as the chosen accommodation is effective.
4. The employee will be notified in writing by the HRM of the OCJB's decision and what accommodation(s), if any, will be made.

C. OCJB Refusal to Provide Accommodation (**3-JDF-1C-05-2**):

1. Employees will be provided accommodation unless:
  - a. The employee fails to provide the requested sufficient supporting medical documentation;
  - b. The provided documentation does not support the need for accommodation;
  - c. The requested accommodation is unreasonable and presents an undue hardship to the OCJB; or
  - d. The accommodation does not enable the employee to perform the essential functions of any open OCJB position.

D. Employee Return to Work Medical Certification:

1. Employees using family medical leave due to their own serious illness will not be permitted to return to work until their health care provider certifies that they are medically able to resume performing the essential job functions of their position.
2. Upon notification that an employee is preparing to return to work, the HRM shall contact the employee and provide him/her with:
  - a. The "FMLA Return to Work Medical Certification" Attachment B;
  - b. A copy of the employee's job description; and
  - c. An explanation that the "FMLA Return to Work Medical Certification," Attachment B, must be returned prior to the employee's return to work.

C. Applicant Requests for Reasonable Accommodation:

1. The Human Resources Department (HRD) shall contact all applicants to schedule interviews and obtain required documentation to demonstrate that the applicant meets the qualifications for the vacant position.
2. The HRD shall ensure that all requests for reasonable accommodation by qualified applicants are evaluated and made, unless the request would impose an undue hardship on the OCJB.

Approved: \_\_\_\_\_

James L. Saffle, Director

1/26/16  
Date

Attachments: Attachment A, "Employee Request for Reasonable Accommodation"  
Attachment B, "FMLA Return to Work Medical Certification"

**Oklahoma County Juvenile Bureau  
"Employee Request for Reasonable Accommodation"**

- I. The information being provided will be used to determine whether an employee requires reasonable accommodation and what reasonable accommodation will be provided.

\_\_\_\_\_  
Employee Name (PRINTED)

\_\_\_\_\_  
Job Title

I have been provided a copy of my job description and I understand that I am responsible for providing the job description and this form to my health care provider to complete. I understand that I am required to produce medical documentation of the claimed medical condition/disability at my own expense, and under certain circumstances may be required to be examined by a health care provider of the Oklahoma County Health and Safety department's choosing. I hereby authorize the Human Resources Manager of the Oklahoma County Juvenile Bureau to contact my health care provider for the purpose of clarifying or authenticating any information provided by my health care provider.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

- II. To be completed by Health Care Provider:

1. Describe the nature and severity of the employee's medical condition/disability and/or impairment:

2. What is the duration of impairment (temporary or permanent; if temporary, for how long)?

3. Is the condition/disability and/or impairment considered chronic which:
- a. Requires periodic visits for treatment by a health care provider? Y  N
  - b. Continues over an extended period of time? Y  N
  - c. May cause episodic rather than continuing period of incapacity? Y  N

4. List all restrictions and/or limitations to activity/activities:

5. Please review the employee's job description and list any essential job functions that cannot be performed to the restrictions/limitations:

6. Describe the reasonable accommodation requested:

7. How does this reasonable accommodation enable the employee to perform the essential job functions of his/her position?

Physician Name (PRINTED): \_\_\_\_\_

Specialization/Type of Practice: \_\_\_\_\_

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

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

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Oklahoma County Juvenile Bureau  
"FMLA Return to Work Medical Certification"**

Employees using FMLA leave due to their own serious illness will not be permitted to return to work until their health care provider certifies that they are medically able to resume performing essential job functions. Employees must provide this form and a copy of their job description to their health care provider for completion. Employees are responsible for ensuring the completed information is returned, as requested, to the Human Resources Manager.

I. To be completed by the Employee:

I hereby authorize the Oklahoma County Juvenile Bureau, Human Resources Manager to contact the health care provider listed below to clarify or authenticate the information below.

_____	_____
Employee Name (PRINTED)	Job Title
_____	_____
Employee Signature	Date

II. To be completed by the Health Care Provider:

Employee/Patient Name: \_\_\_\_\_ SS #: \_\_\_\_\_

DOB: \_\_ / \_\_ / \_\_\_\_ Date the condition began: \_\_\_\_\_

I certify that beginning \_\_ / \_\_ / \_\_\_\_ (date), the above named employee/patient is able to resume performing the essential functions of his/her job with or without reasonable accommodation.

If reasonable accommodation is requested, please provide the following information:

List all restrictions/limitations that apply: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the probable duration of the restrictions/limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended accommodation(s) is/are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name (PRINTED): \_\_\_\_\_

Specialization/Type of Practice: \_\_\_\_\_

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

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

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date