



Workplace Accommodations

Supporting Employees Through the Interactive Process

The Jordan School District is committed to providing equal employment opportunities to qualified employees and applicants with disabilities in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and applicable Utah and federal law.

The District will engage in an individualized, interactive process to determine whether a reasonable accommodation can enable an employee to perform the essential functions of their position and enjoy equal employment opportunities.

What is a Reasonable Accommodation?

A reasonable accommodation is a modification or adjustment that helps a qualified employee with a disability perform the essential functions of their job or enjoy equal access to employment opportunities and benefits.

Examples of reasonable accommodations may include:

- Assistive technology or equipment
- Ergonomic workstations or furniture
- Reassignment to a vacant position when required by law
- Leave as a reasonable accommodation when appropriate
- Modifications to workplace policies or procedures

Accommodations are determined on an individual basis and depend on the employee's specific limitations and job responsibilities.

What to Expect

The interactive process is a collaborative discussion between the employee and the District designed to identify effective accommodations.

The process typically includes:

- A request for accommodation by the employee;
- A discussion regarding the employee's functional limitations and workplace barriers;
- Employee's doctor submits relevant medical documentation supporting the request;
- Assessment of whether a disability exists and whether a reasonable accommodation would enable the employee to perform the essential functions of the position; and
- Selection and implementation of an effective reasonable accommodation, if available.

Both the District and employee are expected to participate in the interactive process in good faith.

Retaliation is Prohibited

The District prohibits retaliation against any employee who requests an accommodation, participates in the interactive process, provides information related to an accommodation request, or exercises rights under disability laws. Employees who believe they have experienced retaliation should promptly report their concerns to Human Resources.

Confidentiality

Information regarding accommodation requests and medical information will be maintained in confidential files separate from personnel records and shared only with individuals who have a legitimate need to know in order to implement accommodations or comply with legal obligations.

How do I Request an Accommodation?

Employees may request an accommodation at any time by contacting the ADA Coordinator. Employees are encouraged to make requests as soon as a need for accommodation becomes known.



7387 S. Campus View Drive
West Jordan, UT 84084
801-567-8325
compliance.jordandistrict.org

Compliance Services
Dr. Ami Shah, Compliance Officer

EMPLOYEE INFORMATION FORM

Please Return to: Ami Shah, ADA Compliance Officer Fax: 801-567-8054 Phone: 801-567-8110
7387 S. Campus View Drive, West Jordan, UT. 84084

(To be completed by the employee who is requesting accommodations¹)

Please provide in detail the below requested information regarding the relevant physical or mental impairment for which you are requesting an accommodation. Please only disclose information related to the specified impairment(s). If you need additional space, please use the reverse side of each page and/or attach additional pages. Please submit the completed form to Compliance Services.

Employee Name: _____ Job Title: _____

A. Questions to determine the need for accommodation.

An employee with a disability may be entitled to a reasonable accommodation when the accommodation is needed because of the employee's disability and will enable the employee to perform the essential functions of the position or otherwise enjoy equal benefits and privileges of employment. The employer must provide a reasonable accommodation unless doing so would impose an undue hardship. An employee is not necessarily entitled to the specific accommodation requested; the employer may choose among effective accommodations, provided the accommodation selected effectively addresses the employee's disability-related needs.

1. Do you have a physical or mental impairment ☐ Yes ☐ No
that substantially limits one or more of your major
life activities as described in the paragraph below²?

If yes, what is your diagnosis or description of impairment? (Disclosure of diagnosis is not required, but can be helpful when considering potential reasonable accommodations.)

¹ The Statutory Definition of disability is a person with a physical or mental impairment that substantially limits one or more of the major life activities of such individual. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g).

² According to the Americans with Disabilities Amendment Act, major life activities may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and major bodily functions. Major bodily functions include but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. This is not an exhaustive list of all major life activities. Rather, it is representative of the types of activities that are major life activities. Similar activities in terms of their impact on an individual's functioning, as compared to the average person, may also be major life activities.

2. Please identify by name, address, and telephone number, the health care provider(s) who have rendered the diagnosis or are treating you for the impairment identified above.

Name: _____ Address: _____
Phone: _____
Fax: _____

3. What is the nature of the impairment? (Check all that apply)

☐

Permanent

☐

Temporary

Duration: _____ Estimated start date: _____
Estimated end date: _____

☐

Episodic

Frequency: _____ times per _____ week _____ month

4. What, if any, job duties are you having difficulty performing due to the physical or mental impairment?

5. What limitation is interfering with your ability to perform your job duties and how?

B. Questions to determine what, if any, accommodation(s) might be effective.

6. Have you had accommodations for the identified impairment in the past? What were they and were they effective?

7. What specific accommodation are you requesting? How will this accommodation assist you?

8. If you do not know a specific accommodation, please make sure that you have provided detailed information in questions 4 and 5. Please add any other information that you feel will be helpful in determining if there is a reasonable accommodation.

C. Leave requested as an accommodation.

A reasonable accommodation for an employee with a disability can include granting leave if it enables an employee to return to work following the period of leave and does not create an undue hardship for the employer. If the employee is requesting leave as an accommodation, please complete the following questions. Granted leave is not required to be paid leave.

9. If you are requesting a leave of absence as an accommodation, check the type of leave requested and provide the accompanying information.

☐ Continuous Leave (leave for a block of time)

What is the time period for which you request continuous leave?

Leave start date _____ Leave end date: _____

☐ Reduced Work Schedule (a leave schedule that reduces your usual number of working hours per week or hours per workday)

What is the reduced work schedule you are requesting (e.g., 4 hours per day, 3 days per week)?

What is the time period for which you request a reduced work schedule?

Start date: _____ End date: _____

☐ Intermittent Leave (leave taken in separate blocks of time)

What is the estimated frequency and duration of the intermittent leave you are requesting? (e.g., 1 day duration at a frequency of 5 times per month)

Duration: _____ hour(s) OR _____ day(s) (mark one)

Frequency: _____ Time(s) per week OR _____ month (mark one)

What is the time period for which you request intermittent leave?

Intermittent leave start date: _____ Intermittent leave end date: _____

Employee Signature and Contact Information

Date: _____

Employee's Signature: _____

School/ Location: _____

Contact Phone Number: _____

E-mail Address: _____

Thank you for your continued participation in the interactive process.

The U.S. Equal Employment Opportunity /commission has indicated that an employer never has to remove an essential function of the job as an accommodation. Additionally, an employee with a disability must meet the same performance and production standards, whether quantitative, as a non-disabled employee in the same job. Lowering or changing a production standard because an employee cannot meet it due to a disability is not considered a reasonable accommodation. Similarly, an employee who is chronically, frequently, and unpredictably absent may not be able to perform one or more essential functions of the job, or the employer may be able to demonstrate that any accommodation would impose an undue hardship, thus rendering the employee unqualified. Employers generally do not have to accommodate repeated instances of tardiness or absenteeism that will occur with some frequency, over an extended period of time and often without advance notice. The Americans with disabilities Act: Applying Performance and Conduct Standards to Employees with Disabilities.