RHODE ISLAND DEPARTMENT OF CORRECTIONS
POLICY AND PROCEDURE

	POLICY NUMBER: 3.30 DOC	EFFECTIVE DATE:	PAGE 1 OF 9
	SUPERCEDES: N/A	DIRECTOR: Please use BLUE ink.	
SECTION: PERSONNEL		SUBJECT: REASONABLE ACCOMMODATION	

AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director

REFERENCES: RIGL § 28-5-1, State Fair Employment Practices Act; Americans With Disabilities Act of 1990; RIDOC policy 3.06-3 DOC, Selection, Retention, and Promotion

INMATE / PUBLIC ACCESS?	X YES
AVAILABLE IN SPANISH?	X NO

I. **PURPOSE:**

To delineate the Rhode Island Department of Corrections' (RIDOC's) policies and procedures regarding the provision of reasonable accommodations to qualified applicants and employees with disabilities, which enable them to reasonably perform the essential functions of their jobs, and enjoy the equal benefits and privileges of employment.

II. **POLICY:**

A. Consistent with the Americans With Disabilities Act (ADA) of 1990, it is the policy of the RIDOC to provide reasonable accommodations to qualified applicants and employees with disabilities that are known, or should have been known to the employer, in order to enable them to reasonably perform the essential functions of their jobs, and to enjoy equal benefits and privileges of employment.

B. The Department provides equal opportunity in hiring and all other aspects of employment to all qualified applicants and employees with disabilities. In addition, the Department provides the aforementioned individuals with

reasonable workplace accommodations that do not impose undue hardship on the Department.

III. PROCEDURES:

A. Americans with Disabilities/Vietnam Era Veterans:

As provided for in the Americans with Disabilities Act of 1990, RIGL §28-5.1 et seq., and the Veterans' Employment Emphasis Under Federal Contracts, the Department is further firmly committed to equal opportunity/affirmative action concepts for qualified persons with disabilities, disabled veterans, and Vietnam Era Veterans. RIDOC also provides equal and accessible employment services to all persons including persons with disabilities.

B. Recruitment of Individuals with Disabilities and Vietnam Era Veterans:

RIDOC continues to take affirmative steps in the recruitment of individuals with disabilities and Vietnam Era Veterans, in accordance with State Merit System Law and State Personnel Rules and Regulations, by sending all job postings to agencies and organizations which serve these populations.

C. Reasonable Accommodations:

It is the policy of the RIDOC to provide reasonable accommodations for qualified persons with disabilities who are employees or applicants for employment in accordance with Personnel Rule 3.096 regarding Reasonable Accommodations (Attachment 1).

1. The Director of the RIDOC shall designate an ADA Coordinator. The ADA Coordinator is responsible for the implementation of Personnel Rule 3.096 within the Department.

2. Requesting Reasonable Accommodation

   a. **Applicants** who seek reasonable accommodation during the interview and selection process must contact RIDOC's ADA Coordinator and explain their need for accommodation at least five (5) business days prior to the interview or other activity at which they would need the accommodation. (See policy #3.06-3 DOC, Selection, Retention, and Promotion, or a successive policy.)

b. **Applicants** who seek a reasonable accommodation and who have been extended a "conditional offer of employment" by the Department, when accepting that offer, shall be given a "Reasonable Accommodation Request Form" (CS-388A) (Attachment 2) by Human Resources Support Staff to complete and return to the Human Resources Support Staff member. (See policy #3.06-3 DOC, Selection, Retention & Promotion, or a successive policy.) Human Resources Support Staff shall forward the completed request to the Department's ADA Coordinator.

c. **Current employees** who seek reasonable accommodation, including those who are or have been collecting Workers' Compensation benefits, may obtain a "Reasonable Accommodation Request Form" (CS-388A) from the Department's ADA Coordinator or from the Department's Personnel Office. The completed form must be returned to the ADA Coordinator for processing. A copy is placed in a confidential medical file, separate and apart from the employee's personnel or medical file, retained by the ADA Coordinator.

d. The ADA Coordinator may make job related medical inquiries to assess abilities, limitations and accommodation options of an **employee**. The ADA Coordinator may request a medical examination to address evidence of problems related to job performance or safety, or to determine fitness for duty.

e. When a disability is not obvious, reasonable documentation of the disability will be requested.

(1) Reasonable documentation is information necessary to establish that an individual has a disability that is an ADA qualified disability, nothing more.

(2) The individual may be asked to sign a release of information allowing the medical caregiver to respond to the Department.

(3) If the individual refuses to provide reasonable documentation, his/her request cannot be processed and a determination under ADA cannot be addressed.

3. Procedures to Determine Reasonable Accommodation

   a. The ADA Coordinator and the employee's immediate supervisor (or applicant's prospective immediate supervisor) meet, look at the particular job involved, and determine the job's purpose and its essential functions.

   b. The employee/applicant identifies, to the agency's ADA Coordinator and supervisor, his/her specific abilities and limitations as they relate to the essential job functions, identifies the barriers to job performance, and communicates how these barriers could be overcome with an accommodation.

   c. In consultation with the employee/applicant, the agency's ADA Coordinator and supervisor identify potential accommodations and assess how effective each would be in enabling the employee/applicant to perform the essential job functions. If this consultation does not identify an appropriate accommodation, it is the responsibility of the ADA Coordinator to contact the Governor's Commission on Disabilities, and/or Department of Human Services' (DHS's) Office of Rehabilitative Services, to seek technical assistance.

   d. If there are several effective accommodations that would provide equal employment opportunity, the ADA Coordinator must consider the preference of the employee/applicant and select the accommodation that best serves the needs of both the employee/applicant and the Department.

   e. If more than one accommodation would be effective, or if the employee/applicant would prefer to provide his/her own accommodation, the ADA Coordinator may give the employee/applicant's preference first consideration. However, the State is free to choose among effective accommodations and may choose one that is less expensive or easier to provide.

      Should the employee/applicant for any reason be unable or unwilling to continue to provide the accommodation, s/he shall notify the Department's ADA Coordinator or Human Resources Support Staff, who will notify the Department's ADA Coordinator. The ADA Coordinator shall initiate discussion with the employee/applicant and the immediate supervisor to determine

whether a reasonable accommodation can be provided by the Department.

f. The Department is not required to provide an accommodation if it will pose undue hardship, which is defined as excessively costly, extensive, substantial, disruptive or that poses a safety or security risk.

4. Purchase of Equipment or Devices (Auxiliary Aids)

If the accommodation requires obtaining equipment or devices (auxiliary aids), the ADA Coordinator:

a. Contacts the Governor's Commission's subcommittee on Disabilities, Information and Assistive Technology Committee, to determine if equipment in the pool meets the need of the employee/applicant. If the equipment is available, the ADA Coordinator arranges to have that equipment assigned to the employee/applicant.

b. Determines the cost of purchase or modifying the equipment. If the cost is in excess of the current cap determined by the Governor's Commission on Disabilities, the ADA Coordinator forwards a request, in writing, to obtain or modify equipment/devices to the Chairperson, Information and Assistive Technology Committee, Governor's Commission on Disabilities.

(1) The Information and Assistive Technology Committee reviews the request with all concerned persons: the employee/applicant; appropriate agency personnel; and the DHS's Office of Rehabilitative Services.

(2) Once there is agreement by all parties, the Information and Assistive Technology Committee arranges for its purchase.

(3) The Governor's Commission on Disabilities (and not the Department) obtains or modifies equipment or devices.

c. The Information and Assistive Technology Committee purchases or modifies equipment that exceeds a cap determined by the Governor's Commission on Disabilities.

5. Use of the Auxiliary Aid (Equipment or Devices)

   a. The auxiliary aid is used by the employee while the employee/applicant is employed by the Department, or until the employee's job can no longer be accommodated with that auxiliary aid.

   b. If the auxiliary aid was purchased by the Governor's Commission on Disabilities (and not the Department) and the employee transfers to another job in another state agency, the Department's ADA Coordinator notifies the Governor's Commission on Disabilities that the employee and the auxiliary aid have been transferred to the new agency.

      The ADA Coordinator makes arrangements with the new employing agency's ADA Coordinator to physically transfer the auxiliary aid.

   c. If the auxiliary aid was purchased by the Governor's Commission on Disabilities and the employee leaves state employment, the Department's ADA Coordinator arranges to have the auxiliary aid transferred back to the Governor's Commission on Disabilities.

   d. If the auxiliary aid was purchased by the Department and the employee leaves state employment, the ADA Coordinator arranges for the auxiliary aid to be declared "surplus property" and transfers title of that auxiliary aid to the Governor's Commission on Disabilities.

6. Alteration of Facilities for Reasonable Accommodation

   a. If the accommodation requires making facilities "readily accessible to and usable by" the employee/applicant and costs more than the amount the Department is authorized to purchase through a direct purchase order, the ADA Coordinator contacts the Governor's Committee on Disabilities, Accessibility Committee, which would be responsible for making those renovations or alternations. The ADA Coordinator forwards requests in writing to the Chairperson of the Accessibility Committee, and Governor's Commission on Disabilities. The Accessibility Committee has the authority to designate bonds and/or capital funds, based on priorities determined by the Accessibility Committee for renovations projects.

b. If the accommodation requires making facilities "readily accessible to and usable by" the employee/applicant and costs less than the amount the agency administrator is authorized to purchase through a direct purchase order, the Department not the State Governor's Commission on Disabilities) makes those renovations or alterations. The ADA Coordinator is responsible for coordinating and purchasing such alterations.

7. Consultation with Collective Bargaining Unit Representatives

a. If the accommodation requires restructuring a job by reallocation or redistribution of marginal job functions; OR altering when or how an essential job function is performed; OR reassignment to a vacant position within the control of the agency; AND a collective bargaining agreement would be affected by that reasonable accommodation, the Department's ADA Coordinator and the employee shall consult with representatives of the affected collective bargaining unit before implementing the accommodation.

b. The ADA Coordinator or designee notifies the Department of Administration's Office of Labor Relations of any reasonable accommodations that affect existing collective bargaining agreements.

8. Process to Resolve Disagreements With Regard to the Provision of Reasonable Accommodation

a. Applicants and employees who disagree with the ADA Coordinator's recommendations regarding the type of reasonable accommodation to be provided may appeal the ADA Coordinator's decision.

b. If and when the ADA Coordinator determines that no agreement will be reached to the applicant/employee's satisfaction, or upon the applicant/employee's request, the ADA Coordinator provides the applicant/employee with form CS-388B, "Reasonable Accommodation Appeal Form" (Attachment 3). The applicant/employee returns the completed CS-388B to the ADA Coordinator. The ADA Coordinator contacts the Governor's Commission on Disabilities and/or the Administrator of the DHS's Office of Rehabilitative Services, to arrange for a job analysis to be performed by the Office of Rehabilitative Services or their approved

vendor. The results of that job analysis are presented to the employer within sixty (60) calendar days of the appeal of the ADA Coordinator's decision by the DHS's Office of Rehabilitative Services.

(1) If the results of the job analysis demonstrate that the ADA Coordinator's recommendation would not enable the employee to perform the essential functions of the job, the ADA Coordinator arranges for the reasonable accommodation recommended by the DHS's Office of Rehabilitative Services or their vendor.

(2) If the results of the job analysis demonstrate that the ADA Coordinator's recommendation would provide an effective accommodation that would provide equal employment opportunity, the ADA Coordinator arranges for that reasonable accommodation.

9. Establishing Job-Related Qualification Standards

a. The ADA does not restrict an employer's authority to establish needed job qualifications, including requirements related to:

(1) Education;

(2) Skills;

(3) Work experience;

(4) Licenses or Certification;

(5) Physical and mental abilities;

(6) Health and safety; or

(7) Other job-related requirements, such as judgment, ability to work under pressure and interpersonal skills.

b. An employer may establish physical or mental qualifications that are necessary to perform specific jobs (for example, jobs in the transportation and construction industries; police and firefighter jobs; security guard jobs) or to protect health and safety. However, as with

other job qualification standards, if physical or mental qualification standards screen out an individual with a disability or a class of individuals with disabilities, the employer must be prepared to show that the standard is:

(1) job-related; and

(2) consistent with business necessity.

3.096 REASONABLE ACCOMMODATION RULE

I. STATEMENT OF PURPOSE

It is the policy of the State of Rhode Island to provide reasonable accommodations for qualified persons with disabilities who are employees or applicants for employment. The State of Rhode Island will adhere to all applicable federal and state laws, regulations and guidelines with respect to providing reasonable accommodations as required to afford equal opportunity to qualified persons with disabilities. Reasonable accommodations shall be provided in a timely and cost-effective manner.

II. REQUESTING A REASONABLE ACCOMMODATION

(a) For applicants who are seeking a reasonable accommodation during the interview and selection process, they contact the agency's appointing authority, personnel officer, or ADA Coordinator and explain their need for an accommodation at least five (5) business days prior to the interview or other activity at which they would need the accommodation.

(b) For applicants who have been extended a "conditional offer of employment" by the state, when accepting that offer, shall complete the "Reasonable Accommodation Request" Form (CS-388A) and return it to the appointing authority, or her/his designee who will forward it to the agency's ADA Coordinator.

(c) For current employees (including those collecting workers compensation benefits), they contact their agency's ADA Coordinator and complete the "Reasonable Accommodation Request" Form (CS-388A). The ADA Coordinator may assist the employee complete this form.

III. PROCEDURES FOR ACCOMMODATING EMPLOYEES WITH DISABILITIES

State agencies must follow the procedures for determining the appropriate accommodation and implementing that accommodation contained in the State of Rhode Island Personnel Policy Manual.

CS-388A

REASONABLE ACCOMMODATION REQUEST FORM

(Please forward initially to the ADA Coordinator of your Agency)

Name: _____ **Day Phone # (VOICE)** _____ _____
Please print-Last Name, First Name, MI **(TDD/TT)** _____ Social Security Number

Current Title in State Government (if applicable): _____

Classification Title (Offered): _____

I am an applicant/employee for the position named above and may require a "reasonable accommodation" to perform the essential function(s) of the job. I hereby request that the ADA Coordinator and/or other individuals identified in the Reasonable Accommodation Policy of the State of Rhode Island contact me regarding this need for reasonable accommodations and authorize them to verify this request. I do hereby waive my rights of confidentiality of information (medical/personnel or otherwise) so that pertinent information will be forwarded to other departments for processing. I understand that I have a right to appeal the decision of the ADA Coordinator noted below. Upon appeal, a job analysis by the Office of Rehabilitative Services or its designated vendor, will be completed and a recommendation made within 60 calendar days of the receipt of such request.

PLEASE DESCRIBE BELOW THE ACCOMMODATION YOU MAY NEED:

_____

I AUTHORIZE _____ TO RELEASE MY MEDICAL RECORDS TO VERIFY MY NEED FOR A REASONABLE ACCOMMODATION DUE TO MY DISABILITY.
(Health Professional's Name)

Health Professional's Name: _____ Phone #: _____
Address: _____

_____ _____
Applicant/Employee Signature Date

_____ _____
Union Official's Signature/Title (if necessary) Date

DO NOT WRITE BELOW THIS LINE

1. **Agency ADA Coord./Appt. Auth. Response:** ____ **Approved** ____ **Not Needed** ____ **Denied**

_____
Authorized Name (Print) Authorized Signature Date

2. **Office of Rehabilitative Services Response:** ____ **Approved** ____ **Not Needed** ____ **Denied**

_____
Authorized Name (Print) Authorized Signature Date

3. **ADA Equipment Committee Response:** ____ **Approved** ____ **Not Needed** ____ **Denied**

_____
Authorized Name (Print) Authorized Signature Date

4. **If Workers' Compensation Disability:**
Workers' Compensation Response: ____ **Approved** ____ **Not Needed** ____ **Denied**

_____
Authorized Name (Print) Authorized Signature Date

PLEASE COMPLETE REVERSE SIDE ONCE ACCOMMODATION HAS BEEN APPROVED

Description of Approved Reasonable Accommodation

APPROVED BY:
Appointing Authority

Name (Please Print) **Agency (Please Print)**

Signature **Date**

ACCEPTED BY:
Employee/Applicant

Name (Please Print)

Signature **Date**

Union Official Signature/Title (if necessary) **Date**

Forward a copy of the Approved Reasonable Accommodation Form to:

State ADA Coordinator
Governor's Commission on Disabilities
41 Cherry Dale Court
Cranston, RI 02920-3049

EACH SIGNATORY MUST RECEIVE A SIGNED ORIGINAL

Agency ADA Coordinator shall retain the signed original in a confidential file

REASONABLE ACCOMMODATION APPEAL FORM

Name: _____ *Day Phone #:* (VOICE)_____
Please print-Last Name, First Name, Middle Initial (TDD/TT)_____
Social Security Number: _____
*Current Classification Title (If Applicable):*_____
Classification Title (Offered): _____

I wish to appeal the decision rendered by the ADA Coordinator concerning my need for reasonable accommodation(s) to perform the essential functions of the class identified herein. It is my request that a Job Analysis be undertaken, by the Office of Rehabilitative Services (ORS) or its designated vendor, to determine the appropriate accommodation.

_____ _____
Applicant / Employee Signature Date

_____ _____
Union Official Signature / Title (if necessary)

---------- **DO NOT WRITE BELOW THIS LINE** ----------

Office of Rehabilitative Services / Vendor:
Job Analysis Results: (additional sheets may be attached)

_____
_____
_____
_____

Accommodation Suggested: (additional sheets may be attached)

_____
_____
_____
_____

_____ _____ _____
Analyst Name (please print) **Analyst Signature** **Date**

_____
Agency / Vendor Name (please print)

Attach this form to the Reasonable Accommodation Request Form.