

## REASONABLE ACCOMMODATIONS PLAN AND PROCEDURES

### **I. POLICY STATEMENT**

Bowie State University shall not discriminate against any individual on the basis of race, color, religion, age, ancestry or national origin, sex, sexual orientation, disability, marital status or veteran status. All policies, programs, and activities of Bowie State University are and shall be in conformity with all pertinent Federal and state laws of nondiscrimination including, but not limited to: Title VII of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, the Equal Pay Act of 1963, the Age Discrimination Act, the Americans with Disabilities Act of 1990, Federal Executive Order No. 11375, and Article 49B of the Annotated Code of Maryland. This commitment applies in all areas and embraces faculty, staff, and students.

Equal opportunity of access to academic and related programs shall be extended to all persons. Bowie State University shall have as its firm objective equal opportunity in recruitment and hiring, rate of pay, all other promotions, training, retention and dismissals, for all employees and applicants for employment. The University will stress equal access for employees and applicants for employment to all programs and services provided by the University both on and off campus. The University will also provide equal opportunity and an atmosphere of nondiscrimination with respect to women and members of minority groups in all its operations. In addition, the University shall promote equal opportunity and equal treatment through a positive and continuing Affirmative Action Program.

### **II. COMPLIANCE**

- A. Bowie State University (also referred to as BSU or the University) is dedicated to full compliance with the reasonable accommodation requirements set forth in the Americans with Disabilities Act of 1990, its subsequent amendments and additional Federal and State laws, executive orders, and policies.
- B. It is BSU's policy to provide reasonable accommodations for faculty, staff, students, applicants, vendors, contractors, and the general public, upon request. BSU utilizes the reasonable accommodations policy to assist in the advancement of an individual's productivity in the workplace or educational setting.
- C. BSU promotes and continues to promote the implementation of reasonable accommodations for faculty, staff, students, applicants, vendors, contractors, and the general public, upon request, and when identified, which adheres to Federal, State, and local laws, rules, regulations, and policies.
- D. No employee, student, applicant, contractor, vendor, or member of the general public shall be retaliated against for requesting a reasonable accommodation for a disability.

### **III. LEGAL AUTHORITY**

- A. Title I of the Americans with Disabilities Act (ADA) of 1990, as amended, 42 U.S.C. § 12102, et seq.
- B. Executive Order 11246, as amended.
- C. Section 503 and 504 of the Rehabilitation Act of 1973, as amended.
- D. Vocational Rehabilitation Act of 1973.
- E. Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), 38 U.S.C. 4212.
- F. Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, 38 U.S.C. §§ 4301 – 4335).
- G. Executive Order 01.01.2007.16 Code of Fair Employment Practices.
- H. Annotated Code of Maryland State Personnel and Pensions Article, Title 5.
- I. Annotated Code of Maryland, Article 49B §§ 14, 15, 16. (State Government Article, Title 20, effective October 1, 2009, recodified as Article 49B to new State Article Title 20)

### **IV. DEFINITIONS**

- A. Disability means:
  - 1. A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
  - 2. A record of such impairment; or
  - 3. Being regarded as having such impairment.
- B. Essential Functions – The fundamental job duties of the employment position. The term “essential functions” does not include the marginal functions of the position.
- C. Major Life Activities – Includes, but is not limited to, functions such as caring for one-self, performing manual tasks, walking, seeing, hearing, speaking, breathing, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, learning, and working. Also includes major bodily functions, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- D. Qualified Individual with a Disability – An individual with a disability who meets the job requirements of the position and who, with or without reasonable accommodation, can perform the essential functions of such position.
- E. Reasonable Accommodation means:
  - 1. Modification(s) or adjustment(s) to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; or
  - 2. Modification(s), adjustment(s), or change(s) to a job or 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 the position; or
3. Modification(s) or adjustment(s) that enable an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by other similarly situated employees.
  4. Only individuals who have an actual disability, or who have a record of a disability are entitled to accommodations; individuals who are regarded as having a disability are not entitled to accommodations.
  5. Must be effective, as to enable a qualified individual with a disability to perform the essential functions of the position.
- F. Request for an Accommodation - A verbal or written request for modification or adjustment in the work environment or process of job application.
- G. Substantially Limits – generally means inability to perform a major life activity that the average person in the general population can perform or restricted as to the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the average person in the general population can perform. This should be broadly interpreted without consideration of mitigating measures such as:
- medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses),
  - prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
  - use of assistive technology;
  - reasonable accommodations or auxiliary aids or services; or
  - learned behavior or adaptive neurological modifications.
- H. Undue Hardship – Significant difficulty or expense incurred by the employer to provide a reasonable accommodation. The employer has the burden of proving that providing a reasonable accommodation would impose undue hardship on the employer.
- I. Unseen Disability – is a disability that is not always immediately and superficially discernible in an individual.

## **V. CONFIDENTIALITY**

- A. All documents concerning an employee's reasonable accommodations request shall be maintained in the employee's confidential file, separate from the employee's official personnel file, in accordance with applicable confidentiality laws and regulations.
- B. All documents concerning an applicant's, vendor's, contractor's, or an individual of the general public, request for a reasonable accommodation, shall be maintained in a confidential file, in accordance with applicable confidentiality laws and regulations.

## VI. PROCESSING A REQUEST FOR ACCOMMODATION

- A. Disability services for students are provided by the Office of Disability Support Services. If a student is need of a reasonable accommodation or has questions and/or concerns regarding reasonable accommodations, the student may contact:

**Dr. Michael S. Hughes, Coordinator**

Disability Support Services

Center for Business and Graduate Studies, Room 1328

Phone: 301-860-4067

Fax: 301-860-4086

Email: [mhughes@bowiestate.edu](mailto:mhughes@bowiestate.edu):

Website: [http://www.bowiestate.edu/academics/support\\_services/support/](http://www.bowiestate.edu/academics/support_services/support/)

- B. An employee, applicant, vendor, contractor, or an individual of the general public shall make a request for a reasonable accommodation to a supervisor, manager, the Equity Compliance Officer, or the Office of Human Resources.
- C. The request may be in writing or verbal; however, upon verbal notification, medical documentation and a request form must be completed and submitted, within 48 hours of the request for a reasonable accommodation, for documentation and statistical purposes.
- Medical documentation is required for individuals with **unseen** disabilities.
  - Examples of unseen disabilities, may include (this list is **not** exhaustive):
    - Asthma
    - Heart disease
    - Diabetes
    - Epilepsy
    - Learning disabilities
- D. The adjustment/modification/service must be for a disability and need not mention the ADA or use the phrase "reasonable accommodation". The following examples should be treated as requests for accommodation:
- An employee tells his/her supervisor, "I'm having trouble punching the keys on the calculator because of medical treatments I'm undergoing".
  - An employee who uses a wheelchair informs his employer that his wheelchair does not fit under the desk.
  - A qualified applicant requests a sign language interpreter at the interview.
- E. The University representative shall ask the employee, applicant, vendor, contractor, or an individual of the general public to complete the Reasonable Accommodation Request Form (for record keeping purposes) and will ask for medical documentation.
- For individuals visiting campus- applicants, vendors, contractors, members of the general public, please contact the University Equity Officer within five (5) or more business days of your on-site visit to arrange for aids and/or services.
- F. Medical documentation may be needed to establish that an employee, applicant, vendor, contractor, or an individual of the general public has a disability and requires a reasonable accommodation.

- G. The medical documentation should explain the disability and functional limitations.
- H. The University should not request documentation that is unrelated to determining the existence of a disability and the necessity for an accommodation. For example, a person's complete medical records should not be requested because it may contain information unrelated to the disability being considered for a reasonable accommodation and/or the need for an accommodation.
- I. The University should promptly initiate the interactive process with the employee, applicant, vendor, contractor, or an individual of the general public to determine the individuals' needs and identify the appropriate reasonable accommodation. Some questions to ask regarding accommodations:
  - What limitations are you experiencing?
  - To what degree do these limitations affect your performance?
  - What specific tasks are problematic?
  - What accommodations will help you perform the tasks that are problematic?
- J. The University is not required to provide the exact reasonable accommodation the employee, applicant, vendor, contractor, or an individual of the general public requests. The employer may choose among various reasonable accommodations, as long as the accommodation chosen is effective.
- K. Undue hardships are determined on a case-by-case basis.
  - The nature and net cost of the accommodation needed under this part, taking into consideration the availability of outside funding;
  - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility and the effect on expenses and resources;
  - The type of operation(s) of the employer including the composition, structure, and functions of the work force of the employer, and the geographic separateness and administrative or fiscal relationship of the facility or facilities in question to the employer;
  - Legitimate safety concerns; and
  - The impact of the accommodation upon the operation of the facility, including the impact on the ability of other employees to perform their duties and the impact on the facility's ability to conduct business.
- L. The decision to grant or deny a reasonable accommodation request shall be communicated in writing.
- M. Where the University has denied a reasonable accommodation request, but offered to grant a reasonable, effective accommodation, the University's notice shall explain both the reasons for the denial of the requested accommodation and the reasons that it believes the chosen accommodation will be effective.
- N. All University denials must notify the individual that s/he has a right to file an Equal Employment Opportunity/ADA Complaint.

## **VII. APPENDIX**

- A. Reasonable Accommodation Request Form for Non-Employees
- B. Reasonable Accommodations Employer Review Form for Employees and Applicants

## Reasonable Accommodation Request Form (for Non-Employees ONLY)

# CONFIDENTIAL

Case# _____
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Applicant Name		Business Name/Nature of Campus Visit
Daytime Phone Number	Request Date	Address
Please check one: <input type="checkbox"/> Vendor <input type="checkbox"/> Contractor <input type="checkbox"/> General Public		
Describe the reasonable accommodation being requested and the purpose for the request:		
Was medical documentation provided? Yes___ No___  If yes, indicate by whom, and identify who reviewed the documentation.		Describe steps taken to evaluate effectiveness and feasibility of the requested accommodation:
Accommodation request is:  Approved ___ Denied___ Modified___  If APPROVED, indicate the type of accommodation that will be provided. If MODIFIED, describe modification and provide reason.  _____  _____  _____		
<p>IF REQUEST WAS DENIED, check reasons for denying the accommodation request. You may check more than one reason.</p> <p><input type="checkbox"/> The individual did not provide documentation of a disability that substantially limits a major life function.</p> <p><input type="checkbox"/> The request accommodation is ineffective (will not enable an individual to perform the essential functions of the position).</p> <p><input type="checkbox"/> The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.</p> <p><input type="checkbox"/> The accommodation/modification request will:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> create an undue administrative burden on the University</li> <li><input type="checkbox"/> create an undue impact on the operations of the University</li> <li><input type="checkbox"/> fundamentally alter the nature or operation of the facility</li> <li><input type="checkbox"/> require lowering of current performance standard(s)</li> </ul> <p><input type="checkbox"/> An effective accommodation, that would not pose an undue hardship was offered but rejected by the individual.</p>		

**Name of decision maker:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Equity Compliance Officer/ADA Coordinator:**

**Case#:** \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reasonable Accommodation Employer Review Request Form  
(for Employees and Applicants ONLY)**

**CONFIDENTIAL**

Case#:

Employee/Applicant Name		Job Title/Position Applied to:
Daytime Phone Number	Request Date	Address
Please check one: <input type="checkbox"/> Employee <input type="checkbox"/> Applicant		
Describe your disability and functional limitations:		
Describe the reasonable accommodation being requested and the purpose for the request:		
List essential functions of the position and indicate whether you can perform the function with the requested accommodation (attach additional pages as needed):		
_____	Yes ___	No ___
_____	Yes ___	No ___
_____	Yes ___	No ___
_____	Yes ___	No ___
_____	Yes ___	No ___
Was medical documentation provided? Yes ___ No ___		
If yes, indicate by whom, and identify who reviewed the documentation.		
Accommodation request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Modified		
If APPROVED, indicate the type of accommodation that will be provided. If MODIFIED, describe modification and provide reason.		

IF REQUEST WAS DENIED, check reasons for denying the accommodation request. You may check more than one reason.

- The individual did not provide documentation of a disability that substantially limits a major life function.
- The requested accommodation is ineffective (will not enable an individual to perform the essential functions of the position).
- The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.
- The accommodation/modification request will:
  - create an undue administrative burden on the University
  - create an undue impact on the operations of the University
  - fundamentally alter the nature or operation of the facility
  - require lowering of current performance standard(s)
- An effective accommodation, that would not pose an undue hardship, was offered but rejected by the individual.

**Name of decision-maker:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Equity Compliance Officer/ADA Coordinator:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date