



ASNUNTUCK COMMUNITY COLLEGE

170 Elm Street Enfield, CT 06082

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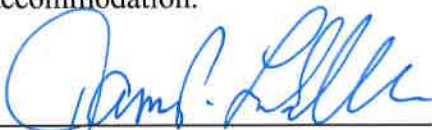
ASNUNTUCK COMMUNITY COLLEGE AMERICANS WITH DISABILITIES ACT (ADA) POLICY STATEMENT

Asnuntuck Community College does not discriminate on the basis of disability in the administration of, or access to, its programs, services or activities. Under this policy, a person with a disability is defined as “a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having an impairment.”

As President, I have designated the following individual to coordinate the College’s compliance with the non-discrimination requirements of Section 35.1067 of the Department of Justice regulations:

Cheryl Cyr
ADA Coordinator
Asnuntuck Community College
170 Elm Street
Enfield, CT 06082
860-253-3045
ccyr@asnuntuck.edu

Should you wish to notify us of barriers that may exist in equal access to any program, service, or activity offered by the College or to obtain information regarding the provisions of the Americans with Disabilities Act and your rights, you are encouraged to contact the ADA Coordinator listed above. If you feel that you need a reasonable accommodation as a result of your disability to allow you to perform the essential functions of your position, please follow the attached ADA procedure for requesting a reasonable accommodation.



James P. Lombella
President

11/1/18

Date

Notice of Non-discrimination:

Asnuntuck Community College does not discriminate on the basis of race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, sexual orientation, gender identity and expression or genetic information in its programs and activities. In addition, the College does not discriminate in employment on the additional basis of veteran status or criminal record. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: Yhara Zelinka, Title IX Coordinator yzelinka@asnuntuck.edu (860) 253-3092 and Cheryl Cyr, ADA Coordinator, CCyr@Asnuntuck.edu (860) 253-3045, Asnuntuck Community College, 170 Elm Street, Enfield, CT 06082.



PROCEDURE FOR REQUESTING REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act of 1990 requires employers to provide “reasonable accommodation” to qualified individuals with disabilities who are employees or applicants unless to do so would cause an “undue hardship.” The term reasonable accommodation generally is any change in the work environment or in the way things are customarily done that enables a disabled employee to enjoy equal employment opportunities. The College must analyze each request for accommodation on a case-by-case basis and make a good faith effort to reasonably accommodate a qualified employee or applicant with a disability.

As a general rule, the individual with a disability must inform the employer that an accommodation is needed since employers are only obligated to provide reasonable accommodation of known disabilities. Under the ADA, the employer and the employee must engage in an informal interactive process to clarify what the individual needs and identify the effective reasonable accommodation. The employer may ask questions about the nature of the disability and the individual’s functional limitations in order to identify an effective accommodation. Further, if the disability and/or need for an accommodation are not obvious, the employer may ask for more information including documentation to establish that the person has a disability and that it necessitates a reasonable accommodation. At its discretion, the College may require that the documentation about the disability and the functional limitations come from an appropriate health care or rehabilitation professional.

The employer is not required to provide the reasonable accommodation that the individual requests. Rather, the employer may choose among reasonable accommodations as long as the chosen accommodation is “effective,” i.e., it would remove a workplace barrier, thereby providing the individual with an opportunity to perform the essential functions of the position. The employer may choose a less expensive or burdensome accommodation among available effective reasonable accommodations.

REASONABLE ACCOMMODATION PROCESS

1. Initiation of the Request for Reasonable Accommodation

In order for the College to analyze each request for accommodation, the requesting employee or job applicant should complete the attached two forms, the “**Reasonable Accommodation Request Form**”, “**Health Care Provider Release Form**”, and “**Medical Provider Report**.” The employee/job applicant must provide current documentation from a health care provider regarding the nature of the disability and need for accommodation.

The employee/job applicant seeking a reasonable accommodation must complete these forms and provide them directly to the College’s ADA Coordinator:

*Cheryl Cyr, ADA Coordinator, Asnuntuck Community College,
170 Elm Street, Enfield, CT 06082*

The request for accommodation should include current documentation from a health care provider that:



- States the nature of the disability in order to establish that the individual has a mental or physical impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment.
- Explains the functional limitations the employee has as a result of their disability as it relates to the job duties.
- Suggests accommodations that would remove the barriers to the employee/applicant's ability to perform the essential functions of the job.

2. Essential Job Function Analysis Conducted by the College and Determination of the Request For Reasonable Accommodation

The ADA Coordinator will contact the department and conduct an essential job function analysis. The College retains the right to establish the essential job functions of the position for which a request for accommodation has been made.

After the above information has been received, the following steps will be taken:

- A review by a College-designated health professional may be required to substantiate that the employee has a disability and needs a reasonable accommodation.
- If appropriate, a meeting may be held with the employee, ADA Coordinator, and management/supervisory personnel from the department to discuss the employee's limitations as they relate to the essential functions of the job and to discuss various options in regard to accommodating the employee.
- The College Administration retains discretion to select an accommodation which is deemed to be effective in removing the workplace barrier that is impeding the individual with a disability giving due consideration to the preferences of the employee or applicant.

Any questions regarding this process should be directed to the College's ADA Coordinator.

[References: 42 U.S.C. §12101 *et seq*; .29 C.F.R. § 1630.9]

Complaint Procedure

For complaints of alleged violations of the Americans with Disabilities Act, employees should refer to the College's internal complaint procedure as contained in the College's Affirmative Action Plan.



REASONABLE ACCOMMODATION REQUEST FORM

To be completed by employee or job applicant requesting an accommodation. Send to:

***Cheryl Cyr, ADA Coordinator
Asnuntuck Community College,
170 Elm Street, Enfield, CT 06082***

This form must be used by college employees and/or applicants for employment who believe they have a disability and wish to request a reasonable accommodation under the Americans with Disabilities Act (ADA) or other applicable State and Federal civil rights laws. By considering this request, the College does not consider or regard the person making the request as having a disability as defined by the ADA, the Connecticut Fair Employment Practices Act, or any other applicable law.

The purpose of this form is to assist the College in determining whether, or to what extent, a reasonable accommodation is appropriate for an employee or applicant for employment. This form **must** be maintained separately from the employee's personnel file and is a **confidential** document.

Fill out all sections that apply to you

Name _____ Date of Request: _____

Job Title/Classification: _____ Phone #: _____

Supervisor's Name: _____ Phone#: _____

Department: _____

If job applicant, for what position are you applying? _____

1. Identify the physical and/or mental impairment(s) for which you are requesting an accommodation and expected prognosis/duration of the impairment(s).



2. Explain how the impairment(s) listed in #1 affects your ability to perform the essential function(s) of the job/job applying for.

3. List the accommodation(s) you are requesting.

4. Medical verification of impairment from my physician or health care provider (check the appropriate box):

I have enclosed the Medical Provider Report with this request.

The disability and the need for reasonable accommodation is obvious and no medical documentation is needed.

Explain:



I, _____ (employee/applicant), give Asnuntuck Community College permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act of 1990, and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Signature of Requestor

Date

To Be Completed By the ADA Coordinator

Accommodation Request is: Approved _____ Denied _____ Modified _____ (Explain below)

Comments:

Signature of ADA Coordinator (or Designee)

Date



HEALTH CARE PROVIDER RELEASE FORM

I, _____ (employee/applicant), give Asnuntuck Community College permission to contact _____ (health care provider). I understand the reason for this contact is to advise the College about my functional abilities and limitations in relation to my job functions. I understand that the College will provide _____ (health care provider) with specific information about the position, including the essential functions and specific requirements. All information obtained from employee medical examinations and inquiries will be job-related and consistent with business necessity. All information obtained will be maintained and used in accordance with the Americans with Disabilities Act of 1990 confidentiality requirements, and all other applicable State and Federal laws.

Employee/Applicant Signature

Date



Medical Provider Report

Date: _____

Employee/Job Applicant Name: _____

A person has a disability under the Americans with Disabilities Act (ADA) if the person has an impairment that substantially limits one or more major life activities.

The following questions may help determine whether an employee has a disability:

1. Does the patient have a mental or physical impairment? Yes No

If yes, what is the impairment?

2. Does the impairment substantially limit one or more major life activities? Yes No

If yes, what major life activity(s) is/are affected?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Working | <input type="checkbox"/> Walking | <input type="checkbox"/> Standing | <input type="checkbox"/> Reaching |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Toileting | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Learning | <input type="checkbox"/> Sitting | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Reproduction | <input type="checkbox"/> Other: (describe) |

3. Describe the nature, severity and anticipated duration of the impairment.

Temporary (explain)



Temporary but will take longer than normal to heal (explain)

Anticipated healing period:

Temporary with residual effects (explain)

Permanent

Chronic (explain)

4. Please list any specific functional limitations resulting from the impairment.

5. How do the functional limitations listed above impact the patient's ability to perform the essential functions of the position?



6. If you answered "Yes" to question #1, are there any reasonable accommodations you would suggest that may enable him/her to perform the essential functions identified? If so, what suggestions do you have?

7. Additional Questions/Comments:

Name of Physician or Practitioner AND Physician or Practitioner License Number (<i>please type or print</i>)			
Address (<i>No. and Street</i>)	(<i>City or Town</i>)	(<i>State</i>)	(<i>ZIP Code</i>)
Signed (<i>Physician or Practitioner</i>) Date		Telephone	