

**University at Albany**  
**Policy & Procedure on Reasonable Accommodations for**  
**State Employees**

**Policy Purpose:** To set forth the University's commitment to provide reasonable accommodation to employees and applicants with disabilities or pregnancy-related conditions on a case-by-case basis through an interactive process.

**Responsible Office:** Office of Human Resource Management ("OHRM")

**Responsible University Official:** Benefits Manager. The Benefits Manager from OHRM is the Responsible University Official and designated contact person for employees with disabilities requesting reasonable accommodation. This individual follows University policy and procedure for employee requests for accommodation and is available to assist throughout the process. Contact information for the current Benefits Manager is as follows:

Merissa L. Mabee  
Benefits Manager  
Office of Human Resources Management  
UAB 300  
1400 Washington Avenue  
Albany, NY 12222  
Phone (518) 437-4700  
Fax (518) 437-4731  
ohrm@albany.edu

**Policy Statement:**

The University at Albany ("University") is committed to assuring equal employment opportunity for persons with disabilities. To this end, it is the University's policy to provide reasonable accommodation to a qualified person with a disability to enable such person to perform the essential functions of the University position for which he or she is applying, or in which he or she is employed. This policy is based on the New York State Human Rights Law, Sections 503/504 of the Federal Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act (ADA), and all applicable Executive Orders and Memoranda. The policy applies to all employment practices and actions. It includes, but is not limited to, recruitment, the job application process, examination and testing, hiring, training, disciplinary actions, rates of pay or other compensation, advancement, classification, transfer and reassignment, and promotions.

Otherwise qualified individuals with documented disabilities are eligible to request reasonable accommodation. The responsibility for initiating a request for accommodation lies with the individual with a disability. Every individual making a request for reasonable accommodation must provide sufficient documentation to support the request. Submitted documentation must be from an appropriate, qualified professional. In accordance with federal and state regulation, the University will treat disability-related information in a confidential manner.

## **Procedures:**

### **1. Requesting Reasonable Accommodation:**

- a. Employees or applicants with disabilities may request a reasonable accommodation regardless of title, salary grade, bargaining unit, employment status or jurisdictional classification. An employee with a disability may request an accommodation at any time.
- b. All requests for reasonable accommodation must be processed by the Responsible University Official. The Responsible University Official will process the request in consultation with the appropriate parties, which may include the supervisor/department in the case of an employee.
- c. Only the Responsible University Official may render a determination on any such request for reasonable accommodation.  
**Supervisors/Departments do not have authority to approve employee requests for reasonable accommodation.**
- d. The responsibility for initiating a request for accommodation lies with the individual with a disability. Individuals requesting accommodation must submit the University's Request for Reasonable Accommodation Form (attached hereto as Form A) to the Responsible University Official. If the request is made to the employee's supervisor, the supervisor must forward the request to the Responsible University Official.
- e. The Responsible University Official may request additional information or supporting documentation from the individual requesting reasonable accommodation. Such additional information/supporting documentation must be provided to the Responsible University Official, upon request, in order to continue with the review and assessment process. Such information/documentation includes, but is not limited to, information regarding the specific functional limitations of the individual, information regarding the precise job limitations imposed by the

disability, medical documentation, and/or information regarding specific type or types of accommodations that might be effective. The Responsible University Official may require the individual requesting accommodation to submit the Supplemental Information/Medical Documentation Form (attached hereto as Form B).

- f. Once the Responsible University Official has been provided with sufficient information/documentation, such official will determine whether or not there is an accommodation that would enable the individual to perform the essential functions of their job in a reasonable manner, or to enjoy equal benefits and privileges of employment. Such determination will be made in consultation with the employee's supervisor.
- g. The appropriateness of an accommodation is determined through an interactive process that involves the individual with a disability, the individual's supervisor/department (where applicable), and the Responsible University Official. The University is ultimately responsible for selecting the accommodation that enables the employee to perform the essential functions of the position.

## **2. Appeal of Denial or Modification of Reasonable Accommodation**

- a. Where the Responsible University Official determines that the University will offer an accommodation different from the one requested and/or the University is unable to provide a reasonable accommodation, the individual requesting accommodation will be provided with information on additional alternatives, which includes filing an appeal or filing a discrimination complaint if the individual believes that the University's denial of the accommodation was unlawful.
- b. An individual wishing to initiate an appeal must do so within 15 calendar days from the date of denial or modification of a reasonable accommodation by submitting a written complaint to the Office of Diversity and Inclusion. The Office of Diversity and Inclusion shall first mediate to try to resolve the issues informally between the employee and the University to find an appropriate accommodation. If an appropriate accommodation cannot be determined, then the Office of Diversity and Inclusion shall investigate the complaint and make a recommendation to the President of the University. The President will make the final decision on the appeal.
- c. An individual wishing to file a discrimination complaint should follow the University's [Discrimination Complaint Procedure](#). Such procedure contains pertinent information regarding the options for

filing internal complaints or external complaints through federal and/or State oversight agencies, including the Equal Employment Opportunity Commission and the New York State Division of Human Rights.

## FORM A

### Application to Request Reasonable Accommodation of a Disability

Application for reasonable accommodation may be made to the supervisor or directly to the Responsible University Official as set forth in the University's Policy & Procedure on Reasonable Accommodations for State Employees. If the request is made to the supervisor, the supervisor must forward the request to the Responsible University Official. **All confidential information received by department personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

**The following section is to be completed by employee and returned to supervisor or Responsible University Official:**

Name	Title	Supervisor
Department	Work Location	Telephone Number(s)
E-mail address:	Preferred method of communication:	

I am requesting the following reasonable accommodation(s):          
It is necessary for me to have this accommodation for the following reason(s):          

Employee Signature:	Date:
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The employee should retain a copy of Form A. The original is filed by the Responsible University Official.

## FORM B

### Notification of Need for Supplemental Information/Medical Documentation

#### Section 1 -To be completed by the Responsible University Official:

Name of Employee: \_\_\_\_\_

We are continuing to assess your request. To make a determination, we need the following additional information (check all that apply):

- Medical Documentation
- Other
- We require no additional information from you at this time

Please inform your medical care provider of your application for an accommodation and have your medical care provider send us medical documentation, indicating the limitations that your disability would place on your job performance. We have enclosed a copy of the duties description for your title and/or a list of the essential functions of your position for medical care provider's reference. Utilizing such information, please submit medical documentation from your provider answering all questions listed in section 2 of this form. This documentation should be dated and signed and on your medical provider's letterhead.

Information should be sent by the following date: \_\_\_\_\_

The requested information must be provided to the Responsible University Official.

**All medical information pertaining to Reasonable Accommodation must be kept confidential by the University.**

The University's review process will include an evaluation of all relevant information. This may include an interview with you and/or your supervisor. After completion of the review, you will be informed in writing by the Responsible University Official regarding the decision. We anticipate that the decision will be made by (date): \_\_\_\_\_. *Note that this date is based on requested medical documentation being received by the date listed above (if medical documentation is required). If the documentation is not received by this date, the decision may be delayed accordingly.*

If you have any questions, please contact Responsible University Official.

## **Section 2 -To be addressed by medical provider:**

On letterhead, please address the following questions to assist the employer in determining whether this employee has a disability and, if so, whether or not there is an accommodation that would enable the individual to perform the essential functions of their job in a reasonable manner, or to enjoy equal benefits and privileges of employment.

- Does the employee have a physical or mental impairment and, if yes, please provided diagnosis and describe the nature and severity? (Yes/No):
- Is this impairment (expected duration) temporary/permanent/episodic/in remission?
- If this impairment is temporary, how long will the impairment likely last? If this impairment is episodic or in remission, please explain:
- Does this impairment substantially affect one or more major life activities or functions of this employee? (Yes/No)
- If yes, please specifically list the major life activities and describe how each is affected:
- Please describe the functional limitation(s) of this employee caused by condition(s) or impairment(s) described above and the extent that the impairment limits the employee's ability to perform those activities:
- Please describe how the limitation(s) of this employee identified above, affects their ability to perform the job duties of their position:
- Please describe any recommended accommodation(s) that may enable this employee to perform his/her job duties or essential functions and explain the relationship of the accommodation to the functional limitation.

The employee should retain a copy of any submitted medical documentation. The original is filed by Responsible University Official.