

Sequoia Union High School District

REQUESTING ACCOMMODATIONS AND INITIATING THE INTERACTIVE PROCESS

ADA/FEHA Accommodation Information

As we plan for the expansion of onsite work, and the return to in-person instruction, we anticipate that there may be employees with disabilities who wish to request accommodations they may need when their workplace re-opens. The Centers for Disease Control (CDC) issued [guidance](#) stating that based on currently available information and clinical expertise, people with [underlying medical conditions, particularly if not well controlled](#), might be at higher risk for severe illness from COVID-19, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

This packet provides you with information regarding the Sequoia Union High School District's ADA/FEHA (Americans with Disabilities Act/Fair Employment and Housing Act) process for requesting accommodations.

Attached you will find the following forms:

1. Request for Reasonable Accommodation Form
2. Health Care Provider Certification Form

If you wish to be evaluated for an accommodation under ADA/FEHA, you need to complete and return the Request for Reasonable Accommodation Form, along with the Health Care Provider Certification Form that needs to be completed by the health care provider who's treating your medical condition.

Please know that requesting eligibility under the ADA/FEHA and asking for reasonable accommodations to assist you in performing your job is solely at your option. The purpose of this letter is to inform you that you have the right to request an accommodation if you so choose. Once I receive the completed accommodation request forms, I will contact you to discuss next steps, which may include an informal

meeting to assess your needs for an accommodation. In the interim, if you would like to meet with me, please feel free to contact me at any time.

If you would like to request a modification to your regular job duties for reasons unrelated to your medical condition, please contact me at jmcevoy@seq.org. For example, if you are 65 or older, or if you are the caregiver of a high-risk member of your household and you wish to be considered for remote work, you may contact me. Please clearly state the reason for your request and specify what modifications to your regular job duties/expectations you would like the District to consider. I will be sharing that information with your site administration.

In the event I do not hear from you before July 20, 2020, I will assume that you do not feel you need any accommodations and you are able to perform all functions of your job.

However, please know that you always have the option of making an ADA/FEHA request at any time in the future throughout your employment with the District. To resume this process, please contact me at the number listed below.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Jacqueline McEvoy

Assistant Superintendent
Human Resources and Student Services
(650) 369-1411 Extension 22222

Encl. Request for Reasonable Accommodation Form
Health Care Provider Certification Form

Sequoia Union High School District

REASONABLE ACCOMMODATION REQUEST FORM

To Be Completed by Employee

Name of Employee:
Position:
Location:

A. Questions to clarify accommodation requested.
What specific accommodation are you requesting?
If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.

B. Questions to document the reason for accommodation request.
What, if any, job function are you having difficulty performing?
What, if any, employment benefit are you having difficulty accessing?
What limitation is interfering with your ability to perform your job or access an employment benefit?
Have you had any accommodations in the past for this same limitation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

C. Other.

Please provide any additional information that might be useful in processing your accommodation request:

Signature

Date

Return this form to jmcevoy@seq.org.

Sequoia Union High School District
MEDICAL PROVIDER CERTIFICATION FORM

To Be Completed by Healthcare Provider

A. Questions to help determine whether the employee has a disability.

For reasonable accommodation purposes, an employee has a disability if he or she has an impairment that limits one or more major life activities. **Note: Do not disclose the underlying diagnosis without your patient's consent.** The following questions may help determine whether the employee has a disability:

Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the impairment long-term or permanent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If *not* permanent, how long will the impairment likely last?

Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment limit a major life activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what major life activity(s) is/are affected?

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

Does the impairment limit the operation of a major bodily function?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what bodily function is affected?

- | | | |
|--|--|--|
| <input type="checkbox"/> Immune | <input type="checkbox"/> Hemic | <input type="checkbox"/> Circulatory |
| <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Special Sense Organs and Skin | <input type="checkbox"/> Endocrine |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Neurological | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Brain | <input type="checkbox"/> Special Sense |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Cardiovascular |
|
<input type="checkbox"/> Other: (describe) | | |

B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. Please review the employee's job duties and answer the following questions to help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is/are interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance?

D. Comments.

Medical Professional's Name and Address

Medical Professional's Signature

Date