



## REQUESTS FOR ADA ACCOMODATION OR JOB MODIFICATION

### PURPOSE

To outline the process through which Concord University will receive and address requests for job-related modification or reasonable accommodation during the COVID-19 PANDEMIC. The University continues its commitment to provide reasonable accommodation for employees with disabilities based upon medical assessment of the person's capabilities to perform the essential job requirements.

### ELIGIBILITY

To meet eligibility requirements for ADA accommodation, an individual must be a qualified employee with a disability that can be met by reasonable accommodation. To meet eligibility requirements for consideration for a job modification, an individual must be at a higher risk for severe COVID-19 infection as identified by the CDC or have certain other factors such as pregnancy, age, or the caregiving for vulnerable family members.

### DEFINITIONS

The term "qualified" means that the individual satisfies the skill, experience, education, and other job-related requirements of the position sought or held, and can perform the essential job functions of the position, with or without reasonable accommodation.

The term "disability" means:

- a person who has a physical or mental impairment that substantially limits one or more major life activities,
- a person with a record of a physical or mental impairment that substantially limits one or more major life activities, and
- a person who is regarded as having a physical or mental impairment that substantially limits one or more major life activities.

"Reasonable accommodation" means alterations in the job, workplace and/or term of employment and other measures which will allow an otherwise qualified individual to successfully perform the essential duties of a job when disability is involved.

"Reasonable modifications" mean alterations in the job, workplace and/or term of employment and other measures that will permit an individual to successfully perform the essential duties of the job based upon verifiable non-ADA factors. As determined on a case by case basis, such modifications may include modified duty, temporary adjustments, FMLA, or other leave.

The term "essential job functions" means the fundamental job duties of the employment position that the individual with a disability holds or desires. The term essential functions do not include marginal functions of the position.

"Verifiable non-ADA factors" mean Age, Pregnancy or Breastfeeding, Care-giving role / living with a higher risk family member, or non-medical care of a school-age child.



## **PROCESS**

The university will consider specific medical conditions/disabilities that require job-related modifications due to COVID-19 pandemic as temporary “disabilities.” The university will address requests for job modifications for individuals who may have a higher risk for severe COVID-19 infections under a relaxed ADA Accommodations process.

The process for applying for a job modification or an accommodation includes submission of information from the employee, as follows:

### **Job-related Modification**

- 1) The employee submits a **COVID-19 Request for Modification or ADA Accommodation.**
- 2) The University will analyze and respond to each request for modification on a case-by-case basis.

### **COVID-19 ADA Accommodation**

- 1) The employee submits a **COVID-19 Request for Modification or ADA accommodation.**
- 2) The employee submits medical documentation and provider’s statement, which typically would be addressed on a **Supplemental Medical Inquiry Form (SMIF)**. During the pandemic, alternate forms of information may be considered in lieu of the SMIF

The University will utilize an interactive process with regard to modification and accommodation requests and analyze and respond to each request on a case-by-case basis using the most current evidence available.

The University respects the confidentiality of an individual’s medical condition and will make an effort to ensure that the condition of the employee will remain confidential, unless the employee requests that the information regarding his/her medical condition be released to others.

## **DURATION**

The duration of the job-related modification or COVID-19 ADA accommodation will be limited based upon the needs of the institution and the status of the pandemic. Cases will be reviewed at least quarterly and will automatically cease upon resolution of the COVID-19 pandemic.



## COVID-19 Request for Modification or Accommodation

Employee \_\_\_\_\_

Department: \_\_\_\_\_

Requested Time Period for Modification: \_\_\_\_\_

**Reason for Request:**

- 1) \_\_\_\_\_ ADA Accommodation Request – COVID-19 Related (please select this if you are at higher risk of COVID-19 due to an underlying medical condition or a direct result of COVID-19). You will need to provide enough information to support the presence of a CDC identified high risk condition for COVID-19.
  
- 2) \_\_\_\_\_ Temporary Adjustment of Duties (please select this if you require a modification because you share a household with someone who may be higher risk for COVID-19). You will need to provide enough information to support that the member of your household has a CDC identified high risk condition for COVID-19.
  
- 3) \_\_\_\_\_ Other COVID-19 Request (please select this if you require a modification in some way due to COVID-19). You will need to supply any supporting information with regard to your application.

Accommodation Requested: \_\_\_\_\_

Include any additional information relevant to this request:

If the requested accommodation or modification is not available, alternative considerations will be addressed through the interactive process. Alternative options include, but are not limited to, the use of FMLA, Family First Coronavirus Response Act, or other available leave provisions or modifications.

If you are faculty, by signing this, you are acknowledging that neither an accommodation nor modification changes your critical year, nor does it result in automatic or de facto tenure.

Requested:

\_\_\_\_\_  
Employee Signature      Date