

DISABILITY ACCOMODATION PROCEDURE

Current Faculty and Staff

University Policy Overview

The City University of New York, in compliance with Sections 503 and 504 of the Federal Rehabilitation Act of 1973 (“Rehabilitation Act”), the Americans with Disabilities Act of 1990 (“ADA”), New York State Executive Law 296, and New York City Human Rights Law, provides qualified individuals with disabilities the opportunity to participate in programs, activities or employment.

Who Is Responsible for Implementing the Disability Accommodation Procedure ?



The President of the
College

The Senior Vice
Chancellor for the
Central Office

The Dean of the Law
School

Operational Responsibility on Campus



504/ADA Compliance Coordinator
coordinates efforts to ensure access and
non-discrimination



AVP OHRAS along with campus
supervisors are responsible for making
arrangements to provide reasonable
accommodations



Student Disabilities Services Coordinator
provides services and coordinating efforts
to ensure access to programs and
activities for students with disabilities

Other Resources



Labor Designee



CIO

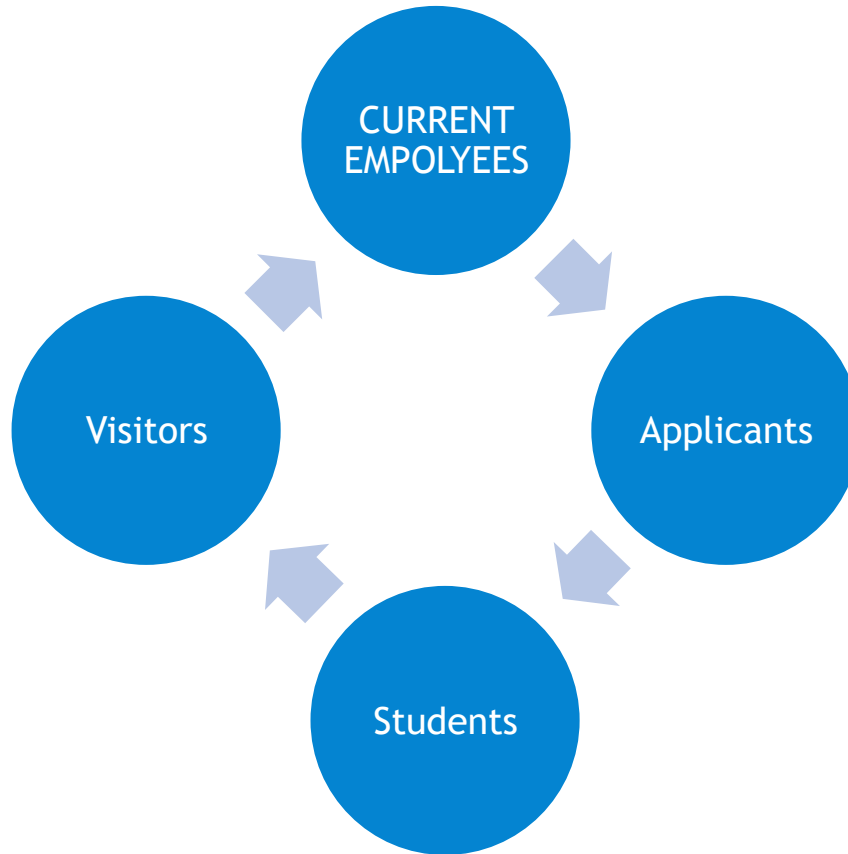


Public Safety Director



Chief Admn Supt B&G

Who Do We Accommodate?



Process

Request

- Employee makes request for accommodation to immediate supervisor or directly to the HR Director.

Review

- The supervisor and the HR director discusses the requested accommodation, alternate possibilities, appropriateness of request, feasibility of implementation, etc.
- The employee must provide the HR director with supporting documentation.

Implement

- HR Director communicates accepted accommodation solution to Supervisor and 504/ADA Compliance Coordinator.
- When the accommodation is complex or requires college expenditure the 504/ADA coordinator **MUST be consulted.**

Accommodation Assessment Request Form



**QUEENS COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
HEALTH CARE PROVIDER ACCOMMODATION
ASSESSMENT FORM**

Employee Name: _____

Job Title: _____

Department: _____

The above-referenced employee, whom we understand is your patient, has recently requested an accommodation. This necessitates that we evaluate the employee's medical condition, in order to determine ability to perform the essential functions of the position, with or without a reasonable accommodation.

In connection with this, your assistance in the completion of this form is greatly appreciated. The information provided by you will enable Queens College, CUNY to engage in an interactive assessment with the employee (and you or one of your staff members, if required), to determine if a reasonable accommodation is necessary and, if so, the type of accommodation. Please understand that Queens College, CUNY complies fully with the Americans with Disabilities Act, its recent amendments, and applicable state and local laws prohibiting discrimination against individuals with disabilities. The information you provide will be kept confidential and used solely in accordance with these laws. Please also understand that your patient has signed an authorization for you to release this information to us. This authorization appears at the end of this form.

The essential functions of the employee's position are set forth on the attached job description.

1. Does your patient have a physical or mental impairment that substantially limits one or more of his major life activities, such as, for example, caring for himself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, sitting, standing, lifting, reading, etc. ?

_____ Yes _____ No

a. Is this condition temporary _____ or permanent _____ ?

Please explain: _____

2. Does your patient have a physical, mental or medical impairment, infirmity or condition that is demonstrable by accepted clinical or laboratory diagnostic techniques?

_____ Yes _____ No

Accommodation Assessment Request Form

3. Please list the functional limitations which result from this impairment, infirmity, or condition.
(Example: patient is unable to sit for long periods of time).

4. After reviewing the above-referenced essential functions, describe the manner in which the functional limitations that result from your patient's condition limit your patient's ability to perform the essential functions of his/her position.

5. Please specify the essential job functions you believe your patient cannot perform.

6. Do you believe a job modification or other work accommodation will enable your patient to perform the essential functions of his/her position?

Yes No

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7. If the answer to Question 6 is yes, please describe the suggested job modifications or other work accommodations and the manner in which it would enable your patient to perform the essential functions of his/her position.

Thank you for your assistance.

Name of Health Care Provider (print) Date

Signature of Health Care Provider

Address/Phone No. of Health Care Provider:

Employee Consent:

I hereby authorize the release or discussion of any pertinent medical or psychological information regarding my physical or mental impairments required by Queens College of the City University of New York to permit the evaluation of employment related reasonable accommodations that I have requested.

Name of Employee (Please Print) Date

Employee Signature

By my signature I authorize the release of information requested by the College and hold harmless any and all parties providing data to the College as a result of this authorization.

Types of Reasonable Accommodations

Work Environment

Early arrival, intermittent work days, early departure, office spacing

Assistive Technology

Voice activated software,
Text Telephone device (TTY)

Devices

Ergonomic keyboard, mouse, support chairs

For More Information Contact:

For Employee Questions

Office of Human Resources
Reinalda Medina
718-997-4455

For Student Questions

Office of Special Services
Dr. Mirian Detres-Hickey
718-997-5870

For Compliance Questions

Office of Compliance and Diversity
Cynthia Rountree
718-997-5888