



**AMERICANS WITH DISABILITIES ACT
(ADA)
POLICY for EMPLOYEES AND APPLICANTS**

Approved January 2009

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I. Disability Policy for Employees & Applicants

Centenary University is fully committed to compliance with the Americans With Disabilities Act. As such, it is the policy of Centenary University to provide an environment that is free from all forms of discrimination, including discrimination based on disability. Centenary University prohibits harassment or retaliation against any individual requesting an accommodation or filing a complaint under the grievance procedure set forth in this Policy.

A. Disability Defined

An individual with a disability is defined as any person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. An individual satisfying parts (1) or (2) of this definition and who can perform the essential functions of his or her position shall be referred to as a "qualified individual."

B. Requesting a Reasonable Accommodations

Centenary University will make a good faith effort to provide a reasonable accommodation to qualified applicants and employees with disabilities to ensure their equal access to employment with Centenary University unless it would result in an undue hardship to Centenary University.

For purposes of providing reasonable accommodation, applicants and employees are considered qualified if they possess the minimum qualifications of the position and can perform the essential functions of the position with or without reasonable accommodation.

Qualified individuals who wish to request a reasonable accommodation may contact the Director of Human Resources.

Director of Human Resources reserves the right to request additional documentation if the initial documentation the individual provides is incomplete or inadequate to determine the need for accommodations.

C. Provision of Accommodations

Upon receipt of a request for an accommodation by a qualified applicant or employee, the Director of Human Resources shall engage in the interactive process with the individual making the request. This shall be an informal process designed to determine the nature of the limitations resulting from the disability and the appropriate accommodation that will overcome this limitation. Prior to providing an accommodation, Centenary University reserves the right to require documentation prepared by an appropriate professional, including, but not limited to: a statement regarding how the individual's disability affects a major life activity, and a recommendation of a reasonable accommodation.



If the accommodation as initially provided is insufficient, upon receipt of notice of the insufficiency, The Director of Human Resources shall make a good faith effort to implement any appropriate additional measures necessary to overcome the qualified individual's limitations.

D. Confidentiality & Notification of Accommodation

Information and records about individual disabilities are treated as confidential information under applicable federal and state laws and are only provided to individuals on a need-to-know basis when authorized by the individual.

E. Grievance Procedure

Centenary University has adopted the following grievance procedure to address complaints of disability discrimination, retaliation, harassment or failure to provide a reasonable accommodation under this Policy:

- 1. Any aggrieved individual ("Complainant") may file a complaint in writing, containing the name and address of the person filing the complaint and describing the discriminatory act;**
- 2. The complaint shall be filed in the office of the Director of Human Resources with the Director of Human Resources, Section 504 Coordinator ("Coordinator") within 30 days after the complainant becomes aware of the allegedly discriminatory act. Should the Section 504 Coordinator be a party to the complaint, the complaint should be filed in the Disability Services Office with the Director of Disability Services who will inform the Vice President for Finance/Chief Financial Officer.**
- 3. The Section 504 Coordinator will investigate the allegations in the complaint. The Director of Disability Services may assist in the investigation as necessary. Should the Section 504 Coordinator be a party to the complaint, the complaint will be investigated by the Director of Disability Services;**
- 4. All interested persons and their representatives shall be afforded the opportunity to submit evidence relevant to the investigation. Such evidence shall be submitted to the Section 504 Coordinator during the course of the investigation;**
- 5. The Section 504 Coordinator shall issue a written decision determining the validity of the allegations and distribute copies of the decision to the interested parties no later than 45 days after the filing of the complaint. If the decision cannot reasonably be issued within 45 days, then the Coordinator shall alert the parties of the same.**



6. The Section 504 Coordinator shall implement all appropriate remedial steps necessary to address any findings of discrimination, harassment, retaliation, or failure to accommodate;

7. Should the Complainant choose to appeal the Coordinator's decision, the appeal shall be made in writing within 30 days of the date of receipt of the decision;

8. The appeal shall be submitted to the Vice President for Finance/Chief Financial Officer and shall demonstrate that (1) there is new evidence; or (2) the investigation or decision exhibited prejudice or other unfair treatment;

9. The Vice President for Finance/Chief Financial Officer will render a final written decision and distribute copies of the same to interested parties, including the Coordinator, within 60 days of the filing of the appeal. If the decision cannot reasonably be issued within 60 days, then the Vice President for Finance/Chief Financial Officer shall alert the parties of the same.

F. Access to Regulations and Policies

Any individual wishing to view copies of the Americans With Disabilities Act, as amended in 2008, or this policy may do so by visiting the office of Human Resources.



III. Medical Certification Form

Patient Name _____

1. Date Condition Commenced: _____

2. Probable Duration of Condition: _____

3. Does this condition substantially limit the patient in any major life activity/ies?

If yes, please indicate and describe limitation:

___ walking _____

___ sitting _____

___ speaking _____

___ breathing _____

___ manual tasks _____

___ seeing _____

___ hearing _____

___ learning _____

___ caring for himself/herself _____

___ working (describe effect of condition on ability to work in general)

other (describe) _____

Medical Certification Form (continued)

4. In your opinion, will the employee's condition improve to the point he or she will be able to return to work?

NO YES

IMPOSSIBLE TO DETERMINE AT THIS TIME (explain and state when you anticipate determination can be made)

5. If answer to 4 above is YES, please provide your best estimate of how long it will be until the employee is able to return to work.

weeks

months

indefinite

6. If the period of leave indicate in #5 above is for a specific number of weeks or months, is the employee's return at the end of the indicated period of leave a firm return to work date?

YES, the leave will probably not need to be extended beyond that point

NO, the leave may well be extended beyond that point

7. Does Employee have any temporary or permanent limitations on his/her ability to perform the essential functions of his/her job? (See enclosed physical job description)

NO YES

If YES, please describe: _____

Medical Certification Form (continued)

8. Are the limitations described in # 7 above temporary or permanent?

___ TEMPORARY for _____ (specify time period)

___ PERMANENT

9. If the answer to #7 above is YES, please describe any accommodations that can be made to enable Employee to perform the essential functions of the job, if and when he or she is able to return to work.

10. If/when Employee is able to return to work, do you anticipate employee will require time off on an intermittent basis?

___ NO

___ YES

11. If the answer to 10 above is YES, please indicate whether the need for intermittent leave will be either

___ TEMPORARY for _____ (specify time period)

___ PERMANENT

12. If the answer to 10 above is YES, please indicate whether the intermittent leave:

___ Can be PRE-SCHEDULED, including a reduced work schedule and/or

schedule of treatments; OR

___ Will be UNPREDICTABLE

Medical Certification Form (continued)

FOR FORENSIC PSYCH ASSESSMENT, IF APPLICABLE:

13. In your opinion, does the employee pose a significant risk to the health or safety of the employee or of others in the workplace ? _____ Yes _____ No

14. If the answer to 13 above is Yes, please state whether this risk can be eliminated through accommodation(s), if any (including medication) and describe the accommodation(s).

Name of Physician or Practitioner:

Title of Physician or Practitioner

Signature of Physician or Practitioner:

Date:
