

POLICY AND  
PROCEDURE  
MANUAL  
  
FOR  
  
EMPLOYEES WITH  
DISABILITIES  
  
BERRY COLLEGE

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MAY 1, 2007

## **Contents**

Mission Statement.....	1
Disabilities and the Law.....	1
Formal Procedures to Request Accommodations.....	1
Appeals Process.....	2
Confidentiality .....	3
Availability of Services Contract.....	4
Appendix A Request for Accommodation Form.....	5
Appendix B Medical Inquiry Form.....	8
Appendix C HIPAA Compliant Release Form.....	11
Appendix D Service Animal Policy.....	14

## **MISSION STATEMENT**

One of the primary missions of the Department of Human Resources is to assist qualified employees or applicants with disabilities in receiving reasonable accommodations. The Department is committed to equal employment opportunity. The Department is also committed to increasing the awareness and responsiveness of the Berry College community to employees with disabilities. Each member of Berry College community contributes to the diversity and wealth of the whole.

## **DISABILITIES AND THE LAW**

Section 504 of the 1973 Federal Rehabilitation Act and the 1990 American with Disabilities Act (ADA) require that Berry College reasonably accommodate otherwise qualified employees with disabilities. To be a qualified person with a disability, a person with a disability must be able to perform the essential functions of his/her job with or without a reasonable accommodation, and meet the eligibility requirements of the position. Determination of reasonable accommodations will be made on a case by case basis. Individuals may appeal the decision of the Manager of Human Resources (ADA Coordinator).

## **PROCEDURE TO REQUEST ACCOMMODATION**

The Department of Human Resources provides reasonable accommodations for qualified individuals with disabilities. Individuals must provide sufficient information that their impairment qualifies as a disability under the ADA before services or accommodations will be provided. Documentation must contain a diagnosis of the specific physical or mental impairment, an explanation of the impairment's affect on the individual's major life activities, and an explanation why the requested accommodation is required.

Berry College recognizes that the decision to self-identify any medical condition is a personal one and we respect an individual's decision not to do so. It is, however, the applicant or the employee's responsibility to advise Berry that an accommodation is necessary to participate in the application process, to perform essential job functions, or to receive equal benefits and privileges of employment. An employee should tell one of the following: an immediate supervisor, Human Resources Manager (ADA Employment Coordinator) as soon as he/she requires an accommodation. The individual will be referred to this manual or to the Manager of Human Resources (ADA Employment Coordinator). For the purpose of this policy the Manager of Human Resources and ADA Employment Coordinator are one and same.

Berry College will request documentation to support a request for an accommodation or services. To request a reasonable accommodation, an employee must complete the Accommodation Request Form (Appendix A). Additionally, in most situations Berry will require you to have your physician respond to a medical inquiry concerning your mental or physical condition. (Appendix B). Once the documentation is reviewed, the manager will determine whether the employee is entitled to an accommodation. If so, the manager will then meet with the employee to clarify the need and to discuss the appropriate accommodations (Appendix E). For information about job accommodations for employees with disabilities, an excellent resource is Job Accommodation Network (<http://janweb.lcdi.wvu.edu>).

Previous provision of services or accommodations, or lack of it, does not guarantee continued provision of accommodation or services if the employee is not disabled. Furthermore, a previous denial of an accommodation does not mean a future request will be denied. If the employee does not provide the requested documentation or the employee's documentation does not establish a disability, no accommodation will be provided.

Once an accommodation is approved, the manager will send a confidential letter to the appropriate supervisor informing him/her of the approved accommodation with notification of the letter sent to the employee as well. If the supervisor does not immediately implement the accommodation, the employee should contact the manager.

## **APPEAL PROCESS**

If an employee follows proper procedures and is denied an accommodation, the employee may wish to appeal the decision. The appeals process follows:

1. The individual must submit an appeal, in writing, to the Human Resources Director *within 10 working days* of when the accommodation was denied. The appeal should include a statement of the requested accommodation and an explanation of why the accommodation is needed.
2. The Director of Human Resources will assemble a panel to review the appeal *within 10 working days* of its filing. The review panel will include the individual's immediate supervisor and the appropriate dean or director.

3. The panel will review the individual's appeal and the explanation for denial and make a decision to uphold or reverse the decision.
4. To appeal the panel's decision, the individual must send a letter of appeal to the Director of Human Resources within *10 working days* of receiving the decision. The Director of Human Resources will examine the appeal and the procedure and communicate the final decision.

## **CONFIDENTIALITY**

The Department of Human Resources recognizes and honors the importance of the confidentiality of documents containing disability related information. Section 504 of the 1973 Rehabilitation Act and the Americans with Disabilities Act guarantee this confidentiality, but permit Berry to disclose certain information to appropriate individuals under certain circumstances.

The Human Resources Manager will send a confidential letter to the immediate supervisor concerning the approved accommodation(s) for the employee or applicant. A copy of the letter will become part of the employee's confidential medical file housed in the Department of Human Resources. It will not become part of the personnel file.

## **APPENDIX A**

### **Request for Accommodation Form**

Department of Human Resources  
Employee Request for Accommodation

Name: \_\_\_\_\_ Current Employee or Applicant (Circle one)

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Reported Disabilities: \_\_\_\_\_

Requested Accommodations: \_\_\_\_\_  
\_\_\_\_\_

**Employee: Do not write below this line.**

Date Medical Inquiry provided to employee or employee's physician \_\_\_\_\_

Date Medical Inquiry returned \_\_\_\_\_

Eligibility Determination:

Is there a disability present?

**NO** Date employee notified: \_\_\_\_\_

**YES** Disability: \_\_\_\_\_

Is the person "otherwise qualified" for the job in question? YES NO

If NO, on what basis was the rejection made?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If YES, is the requested accommodations necessary?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If YES, what accommodations will be provided?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures indicate agreement:**

Requesting individual: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit form to: Cindy D. Marchant. – Manager of Human Resources  
Alumni Center, Room 145  
P.O. Box 495037  
Mount Berry, GA 30149-5037

## **Appendix B**

### **Medical Inquiry Form**

\_\_\_\_\_, 200\_

Dr. \_\_\_\_\_  
Address

Re: EMPLOYEE NAME

Dear Dr. \_\_\_\_\_:

[Employee Name] is employed by our company as a [job title]. His/Her job duties include [job description]. [Employee] has recently requested that Berry allow [requested accommodation]. Therefore, we request that you complete the following questions concerning [Employee's] condition. We have attached a release authorizing you to do so.

1. Please identify [Employee]'s diagnosis.
  
2. Does the diagnosed condition substantially limit [Employee] in any major life activities, i.e., either the employee is unable to perform the activity or is currently significantly limited in his/her ability to perform this major life activity as compared to an average person in the general population?
  
3. If so, please identify the major life activities the condition substantially limits.
  
4. For each major life activity identified, please describe how [Employee] is restricted as to the condition, duration, manner or frequency under which he can perform the activity as compared to the way the average person in the general population can perform the activity.
  
5. If you answered question number 2 in the affirmative, how long do you expect that this condition will last?
  
6. Please list any medication, auxiliary aids, prosthetic devices, techniques or other mitigating measures that can be used or employed which would

lessen the effect of [Employee]'s impairment so that it is not substantially limiting. For each mitigating measure, please indicate whether [Employee] is using such measure, and whether it reduces the effect of [Employee]'s impairment so that it is not substantially limiting.

6. In your medical opinion, please state any accommodations you view as necessary to enable [Employee] to perform the essential functions of his/her job.

\_\_\_\_\_  
Physician signature

Date\_\_\_\_\_

\_\_\_\_\_  
Physician's name (please print)

We ask that you please return this form no later than \_\_\_\_\_, 2007 to:

[HR Contact Person Name, Address, Phone, Fax]

## **APPENDIX C**

### **HIPAA Compliant Release Form**

**AUTHORIZATION**  
**for Release of Health Information**  
**Pertaining to Fitness for Duty Assessment**  
**Including Response by Physician to Confidential Medical**  
**Questionnaire Submitted by Berry College (“Berry”)**

**A. Information About the Disclosure**

**I authorize disclosure of my health information as described below. I understand that providing this Authorization is voluntary on my part and that I may revoke it at any time by writing to the person or business providing the information.**

1. Individual’s Name: **Employee Name**
2. Social Security Number: --- -- ----
3. The health information will be disclosed by: **Insert physician’s name**
4. The persons entitled to receive the information are [EMPLOYEE] and other personnel of Berry who are responsible for considering and evaluating my fitness for duty and/or my request for an accommodation pursuant to the Americans with Disabilities Act (ADA). The information to be disclosed is health information that may relate to my fitness for duty and/or any disability, which should be provided by completing the attached Medical Questionnaire and follow-up inquiries by Berry.
5. The information will be disclosed during the period beginning with the date I have signed this Authorization and ending on the date upon which all relevant issues are finally and fully resolved, including any appeals or reviews which might be available through the courts or administrative agencies.
6. This Authorization will expire when the period described in paragraph 5 of this form ends.

**B. Important Information About My Rights**

I have read and understand the following statements about my rights:

- I may revoke this Authorization at any time by writing to the person or business that is providing the information and telling him or it that I want to revoke it. I understand that if I revoke this Authorization, my revocation will not have any effect on actions taken before notice of revocation is received.

- I may see and copy the information described on this form that is disclosed if I ask for it.
- I understand that I am not required to sign this form to receive my health care benefits, to be eligible for these benefits, or to receive payment for my benefits.
- I understand that the information that is disclosed pursuant to this Authorization may be redisclosed by the recipient and may no longer be protected or covered by the requirements of federal regulations pertaining to disclosure of health information by a health care provider, a health plan or other entity that is covered under those regulations.

**C. Signature of Individual**

This Authorization is signed by me as follows:

\_\_\_\_\_  
Signature of individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of the individual

**SIGNING THIS AUTHORIZATION FORM IS VOLUNTARY**

***Notice: An entity that is required to obtain written authorization to release health information from or on behalf of that individual may substitute for this form an appropriate alternate form that meets applicable legal requirements and may not rely on this form as meeting all such applicable requirements.***

## **APPENDIX D**

### **Service Animal Policy**

## FOR REVIEW

### Policy on Service Animals

*Service animals are animals trained to assist people with disabilities. The Department of Justice defines service animals as ". . . any . . . animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals who are hearing impaired to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair or fetching dropped items." If an animal meets this definition, it is considered a service animal regardless of whether it has been licensed or certified by a state or local government or a training program. Berry complies with the ADA in allowing use of service animals. However, because of health and safety concerns, use of such animals is regulated by the Department of Human Resources.*

#### DEFINITIONS

*Pet: A domestic animal kept for pleasure or companionship. Pets are not permitted in university facilities.*

*Service Animal: Any animal individually trained to do work or perform tasks for the benefit of a person with a disability. Service animals are usually dogs, but may be monkeys. A few other animals have been trained as service animals. A service animal is sometimes called an assistance animal. If there is a question about whether an animal is a service animal, contact Disability Services.*

#### TYPES OF SERVICE DOGS

*1. Guide Dog is a carefully trained dog that serves as a travel tool for persons with severe visual impairments or who are blind.*

*2. Hearing Dog is a dog that has been trained to alert a person with significant hearing loss, or who is deaf, when a sound, e.g., knock on the door, occurs.*

*3. Service Dog is a dog that has been trained to assist a person who has a mobility or health impairment. Types of duties the dog may perform include: carrying, fetching, opening doors, ringing doorbells, activating elevator buttons, steadying a person while walking, helping a person up after the person falls, etc. Service dogs are sometimes called assistance dogs.*

*4. SSig Dog is a "Social Signal" dog trained to assist a person with autism. The dog may alert the partner to distracting repetitive movements common among those with autism, allowing the person to stop the movement (e.g., hand flapping). Recognizing familiar persons in a crowd, steering around a mud puddle, or responding to others' social signals are possible roles for a SSig Dog.*

*A person with autism may have problems with sensory input and need the same support services from a dog that a dog might give to a person who is blind or deaf.*

*5. Seizure Response Dog is a dog trained to assist a person with a seizure disorder. How the dog serves the person depends on the person's needs. The dog may stand guard over the person during a seizure or the dog may go for help. A few dogs have somehow learned to predict a seizure and warn the person in advance.*

#### **REQUIREMENTS FOR FACULTY, STAFF AND STUDENTS**

*1. Allow a service animal to accompany the partner at all times and everywhere on campus, except where service animals are specifically prohibited. The courts have upheld the rights of service animal owners to take animals into food-service locations.*

*2. Do not pet a service animal; petting a service animal when the animal is working distracts the animal from required tasks.*

*3. Do not feed a service animal. The service animal may have specific dietary requirements. Unusual food or food at an unexpected time may cause the animal to become ill.*

*4. Do not deliberately startle a service animal.*

*5. Do not separate or attempt to separate a partner/handler from his or her service animal.*

#### **REQUIREMENTS OF SERVICE ANIMALS AND THEIR PARTNERS/HANDLERS**

*1. Identification and Other Tags: The animal must have tags or some other method of indicating ownership and rabies clearances. It is suggested that service animals be fitted with some identifying equipment such as a harness, cape or backpack as appropriate. Minimal equipment is a leash by which the animal is kept under control.*

*2. Health and Vaccinations: The animal must be clean and in good health. Animals to be housed in campus housing **must have an annual clean bill of health from a licensed veterinarian**. Service dogs must have had a general maintenance vaccination series against rabies, distemper and parvo virus. Other animals must have had the appropriate vaccination series for the type of animal. All vaccinations must be current. Dogs must wear a rabies vaccination tag Proof of vaccination must be filed with Disability Services.*

*3. Leash: The animal must be on a leash at all times when outside of a residential room.*

*4. Under Control of Partner/Handler: The partner/handler must be in full control of the animal at all times. The care and supervision of a service animal is the sole responsibility of its partner /handler. The animal must be maintained and used at all times in ways that do not create safety hazards for other persons.*

*5. Cleanup Rules:*

*1) Always carry equipment and bags sufficient to clean up the animal's feces.*

*2) Properly dispose of the feces.*

*3) Persons who are not physically able to pick up and dispose of feces are responsible for making all necessary arrangements for assistance. The University is not responsible for these services.*

#### **CONDITIONS FOR KEEPING A SERVICE ANIMAL**

*1. Disruption: The partner of a service animal that is unruly or disruptive (e.g., barking, running around, aggressiveness toward others, bringing attention to itself) may be asked to remove the animal from college facilities. If the improper behavior happens repeatedly, the partner may be told not to bring the animal into any university facility until the partner takes significant steps to mitigate the behavior. Mitigation may include muzzling a barking animal or refresher training for both the animal and the partner.*

*2. Ill Health: Service animals that are ill should not be taken into public areas. A person with an ill animal may be asked to leave university facilities.*

*3. Registration Required: All employees' and students' service animals must be registered with the Office of Disability Services. Failure to register or maintain a service animal as required above may cause Berry to refuse to permit the animal to remain on campus.*