



## **ADA ACCOMMODATION POLICY**

### **PURPOSE:**

To provide a reasonable work place accommodation for employees/applicants with disabilities as provided under the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

### **WHO IS COVERED:**

Every full or part-time employee/applicant is invited to declare his/her disability to be eligible for reasonable accommodation. Student employees are included.

### **POLICY:**

Curry College will reasonably accommodate all employees/applicants with disabilities, where to do so does not impose an undue burden on the institution. A reasonable accommodation may include the purchase of special equipment, changing the physical layout of the workplace, restructuring specific job responsibilities and duties, modifying the work schedule, etc.

Curry College is under no obligation to provide reasonable accommodation unless an individual properly identifies him/herself as a person with a covered disability and supplies the necessary documentation. A reasonable accommodation which creates an "undue hardship" for the employer is not required by federal law. However, what constitutes either a reasonable accommodation or an undue hardship is contingent upon a number of variables. Curry College will determine what constitutes a reasonable accommodation and reserves the right to request additional medical examinations, evaluations, or other appropriate information at College expense.

Supervisors must contact Human Resources before transferring, demoting, terminating or relieving an employee of job responsibilities because of a disability. Human Resources is responsible for the management, implementation and coordination of this policy. All employment accommodations or employment decisions made due to disability must be approved by the Vice President of Human Resources. All information relating to an accommodation request is considered confidential.

### **PROCEDURES:**

1. The employee/applicant notifies Human Resources of his/her disability.
2. After notification, Human Resources will provide the employee/applicant with the Reasonable Accommodation Form and the Employee Disability Verification Form to be completed in order to declare a disability.
3. The completed Reasonable Accommodation Form, Disability Verification Form, and job description including essential functions are reviewed to determine what special accommodations are needed to enable the employee to perform or continue to perform his/her job responsibilities. The employee's manager, Human Resources, and the appropriate Senior Staff member will meet to discuss accommodation requests.
4. Once a decision is reached, a letter will be sent to the employee notifying them of the College's decision to either grant or deny the accommodation request.
5. In compliance with applicable laws and regulations, all documents pertaining to a disability request are placed in a confidential file and may be opened only by the employee or an appropriate HR representative on a documented and approved "as needed" basis.



**CURRY COLLEGE REASONABLE ACCOMMODATION REQUEST FORM**

EMPLOYEE NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

To request a reasonable accommodation from the College, an employee may be required to complete this form and to provide written documentation by a physician that describes the disability and specific accommodation needed for the employee to access benefits and privileges generally available to employees without disabilities, or to permit an employee with a disability to perform the essential functions of his/her position.

If applicable, the completed Reasonable Accommodation Request Form and the Disability Verification Form must be sent to Human Resources in the King Academic Administration Building, Curry College, 1071 Blue Hill Avenue, Milton, MA 02186. This information will be kept separate from the Applicant's employment file, or the Employee's personnel file.

If additional space is needed for the requests on this form, please attach a separate sheet of paper.

If you have questions or concerns, please contact the Vice President of Human Resources at 617-333-2193, or the Benefits and Compensation Administrator at 617-333-2069.

**TO BE COMPLETED BY THE APPLICANT/EMPLOYEE**

1. Identify and describe the physical or mental impairment which is the basis for your request for reasonable accommodation(s) by the College, and describe the duration of the impairment (*e.g.*, long-term or short term): (see definition of "disability" on reverse).

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2. Identify and describe the essential function(s) of the position (listed above) which you are unable to perform without reasonable accommodation by the College: (see definition of "disability" on reverse).

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3. Identify and describe the reasonable accommodation(s) that you believe is (are) needed to enable you to perform the essential functions of the position properly and safely (including, for example, the purchase or modification of equipment, changing the physical layout of the workplace, restructuring specific job responsibilities and duties, modifying the work schedule, or providing qualified readers or interpreters, or other accommodations):

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# CURRY COLLEGE

## Human Resources

1071 Blue Hill Avenue  
Milton, MA 02186-2395  
Fax: 617-333-2330

4. Identify the names and addresses of your physicians, therapists, psychologists, or other health care providers who have information or documentation concerning your need for a reasonable accommodation by the College due to the physical or mental disability you disclose in this form. The College may ask you to submit an Employee Disability Verification form to the health care providers identified below.

NAME	ADDRESS	CITY	STATE	ZIP
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby authorize the above-listed health care providers, and others who have treated me to release to Curry College all medical records concerning the disability disclosed herein and provide any opinions to the College concerning my ability to perform job-related functions with or without reasonable accommodation.

I also authorize disclosure and discussion as necessary with the College to determine appropriate accommodations.

I certify that I have read and reviewed the job description for the position and/or been informed of the essential functions of the job.

I further certify that the foregoing statements are complete, accurate and true to the best of my knowledge and I understand that false or misleading statements may be cause for dismissal.

I also understand the College may require me to undergo testing or evaluation by medical personnel retained by the College for the purpose of establishing the existence and extent of my disability, illness, condition or disease and my ability to perform job-related functions with or without reasonable accommodation.

I further understand that the College is not obligated to provide any specific accommodation I request, but will evaluate my request in light of all information available in making a determination of what is a reasonable accommodation.

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

**“Disability”** includes a physical or mental impairment that substantially limits one or more major life activities. Major life activities include such things as caring for one-self, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

**“Reasonable Accommodation”** includes any modification to the job or work environment to enable an employee to perform the essential functions of the job in question.

These definitions are provided only as a guide for completing this form. Nothing in this form is intended to alter the legal definition of these terms or impose obligations on the College not required by law.



## **CURRY COLLEGE EMPLOYEE DISABILITY VERIFICATION**

### **NOTE TO THE HEALTH CARE PROVIDER:**

The employee indicated below recently notified Curry College of a disability and requested a reasonable accommodation in the workplace under the provisions of the Americans with Disabilities Act and state law (collectively referred to as the ADA). The form on page two is to be completed by the health care provider and submitted to the Curry College Office of Human Resources. Curry seeks the information on page two for reasons that are job-related and consistent with business necessity, which may include the following to determine if the individual meets the ADA definition of "individual with a disability;"

- to determine if the individual is a qualified person under the ADA, meaning he or she can perform the essential functions of the job currently held (or held before the injury or illness) or the job currently sought, with or without reasonable accommodation, and without posing a direct threat to health and safety of self or others that cannot be reduced or eliminated by reasonable accommodation; and
- to identify an effective reasonable accommodation that would provide access to benefits and privileges generally available to employees without disabilities, or to enable the individual to perform essential job functions in the current (or previous) job or in a currently vacant job for which the person is qualified, with or without accommodation.

The information requested in this form will assist Curry College in determining whether or not it is possible to make an accommodation for the person identified below.

### ***MEDICAL AUTHORIZATION*** (To be completed by the employee)

I, \_\_\_\_\_, do hereby authorize my following health care providers (employee to fill in name, address and specialty of treating health providers in the space below):

**Health Provider Name:**

**Health Provider Address:**

**Health Provider Specialty:**

**Health Provider Phone Number:**

to furnish to Curry College, 1071 Blue Hill Ave., Milton, MA 02186, all medical and health information and documentation (including, for example, records and reports, conditions and diagnoses, psychological status, treatment) to the extent that such information and documentation have a bearing on my request for reasonable accommodation by Curry College due to the physical or mental disability disclosed in the Disability Verification form, or my ability to perform the responsibilities of the essential functions of my position as (employee to fill in title) \_\_\_\_\_ at Curry College.

I also authorize the identified health care providers to discuss my medical and health information and request for accommodation with Curry College as necessary for the College to determine appropriate accommodation.

I authorize Curry College, any of its employees, representatives, and agents, to release information to my health care providers, including records and statements, regarding information concerning my request for reasonable accommodation and/or medical leave related to the request for reasonable accommodation.



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I agree a photographic copy of this authorization shall be as valid as the original. I understand that this authorization shall expire one year after the date I sign it as noted below.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

### **DISABILITY VERIFICATION** (to be completed by the Health Care Provider)

1. Does the employee have a physical or mental impairment? ☐ Yes ☐ No

If yes, please describe the impairment:

2. Date impairment commenced: \_\_\_\_\_

3. Probable duration of impairment: \_\_\_\_\_

Does the employee's physical or mental impairment substantially limit one or more "major life activities?"

☐ Yes ☐ No

4. If "Yes," please describe the functional limitations, including the "major life activity" affected:

5. Attached is a job description or information about the essential functions of the employee's position. Please circle any items listed on the job description that the employee may not be able to perform based on the employee's medical history and physical exam. Please indicate your opinion by selecting one of the following options:

\_\_\_\_ Employee is able to perform the essential job functions without accommodation; **or**

\_\_\_\_ Employee is not able to perform the essential functions circled on the attached job description and a reasonable accommodation is not feasible; **or**

\_\_\_\_ Employee is not able to perform the essential functions circled; however, the following accommodation should be considered to help the individual perform these functions (please list your recommendations and include the expected time period for the recommendations to be in place):

6. (Optional) If necessary for the protection of the health and safety of this employee or others, please indicate special instructions for supervisors or first-aid providers:

Signature Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Healthcare Provider: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_