

**Reasonable Accommodations for Employees and Job Applicants with Disabilities and Employees
Who Are Pregnant or Have Pregnancy Related Conditions**

In accordance with the Americans with Disabilities Act and Massachusetts law, the College of the Holy Cross provides reasonable accommodations to enable qualified individuals with disabilities and employees who are pregnant or have pregnancy related conditions to perform the essential functions of their jobs, gain access to the workplace and enjoy equal benefits and privileges of employment. The College also provides reasonable accommodations to qualified individuals with disabilities during the hiring process in compliance with law.

While each situation is different and require a case-by-case approach, these procedures describe how the

2. Accommodation Procedure for Employees.

- a. Requesting Accommodations. Generally, employees must let the College know that they need an accommodation because of a disability or an accommodation related to pregnancy or pregnancy related condition.

Employees should contact the Associate Human Resources Director for Employee Relations or notify their supervisor of the need for an accommodation orally or in writing. Whenever employee makes a request for an accommodation³ to a supervisor, the supervisor should promptly refer the request to Human Resources. In situations where it is impossible or impractical for the employee to make this request, the College will also accept a request from a legally authorized family member, health care provider, or other representative who is legally authorized to make such requests on behalf of an individual with a disability.

b. Interactive Process.

- i. The College will engage in an interactive process and dialogue with the employee to determine whether the individual has a disability, the need for the accommodation, the impact of the mental impairment or physical impairment or condition on the employee's ability to perform the essential functions of the position, and what accommodation is appropriate, and for what duration; provided, however, that the dialogue may not be necessary in situations in which the existence of the disability and the need for the accommodation is obvious, the College and the individual agree on the most effective reasonable accommodation, and the accommodation does not impose an undue hardship on the College.
- ii. The College seeks to put in place accommodations to address the particular needs of the individual with the disability taking into consideration the job's essential functions. *When the need for the accommodation is obvious, the College will move directly to the accommodation process* (otherwise, see subsection (iii), below). The College and the individual will engage in the interactive process to discuss requested accommodation(s) and alternatives to arrive at a reasonable accommodation that is appropriate in the particular circumstances. The College is not required to provide the exact accommodation requested, and no specific form of accommodation is guaranteed (except with respect to accommodations related to pregnancy or pregnancy related condition as set forth in subsection (iv) below). Accommodations that create an undue hardship on the College, compromise the health and safety of members of the College community, or fundamentally alter the nature of the College's employment or academic mission on the College are not required.
- iii. Employee Disability Accommodation Request Form (APPENDIX A). When the need for the accommodation is not obvious,⁴ the College may ask the employee for reasonable documentation about the disability, functional limitations and need

for accommodation. In such cases, the employee should complete the Disability Accommodation Request Form and submit it to Human Resources. If the accommodation request concerns an Assistance Animal in College Housing, the employee should complete the form **EMPLOYEE DISABILITY ACCOMMODATION(S) REQUEST FORM– ASSISTANCE ANIMAL IN COLLEGE HOUSING (APPENDIX E)**.

- iv. It is the responsibility of the individual requesting the accommodation to provide sufficient information, upon request, to support the need for the requested accommodation. In some cases, this might include medical documentation as described in subsection (vi) below. However, , medical documentation is not required in connection with a request for the following accommodations related to pregnancy related condition: (A) more frequent restroom, food or water breaks; (B) seating; (C) limits on lifting more than 20 pounds (unless that is an essential function of the position); and (D) private non-bathroom space for expressing breast milk.
- v. As part of the interactive process, Human Resources may contact the appropriate supervisor or departmental official(s) for the purposes of discussing possible accommodations, including consideration of a number of relevant factors, including, but not limited to:
 - x The nature and duration of the requested accommodation;
 - x The impact of the requested accommodation on the performance of the essential functions of the employee’s position;
 - x The impact of the requested accommodation on other employees, students, or College operations and academic mission;
 - x Alternative possible accommodations;
 - x The financial impact of the requested accommodation.
- vi. Additional Medical Documentation.
 - (1) When the disability and/or need for accommodation is not obvious, and/or the information provided by the employee in the Employee Disability Accommodation Request Form is insufficient to substantiate that the employee has a disability and/or the nature of the reasonable accommodation

Human Resources and an accommodation plan is implemented for the duration specified. The accommodation plan is monitored by Human Resources and reviewed on occasion to ensure the accommodation enables the employee to complete the necessary work tasks and to ensure effectiveness. Modifications to the accommodation plan can be made if the conditions change and/or the nature of the work performance/duties changes. Human Resources must be contacted to re-engage the interactive process.

3. Confidentiality. Information provided through the accommodation process will be kept confidential and securely by Human Resources in accordance with applicable law. Any written information regarding an employee's disability, accommodation request and medical condition must be kept separate from the employee's regular personnel file. Disclosure to the College personnel (e.g., employee's supervisor(s) or department chair being told about necessary accommodations) may be permitted if such individual needs to be informed in order to assess requests for, implement, or monitor accommodations but the information to be shared will be limited to that necessary to determine whether an accommodation would be reasonable and to implement the accommodation. The Office of Disability Services and/or Facilities may be consulted for technical assistance regarding what accommodations are appropriate and available. The Office of the General Counsel may also provide guidance, particularly if it appears that a requested accommodation imposes an undue hardship or that the employee cannot perform the job effectively or r9(i)to.7(e)-1.6e6(l)-4.6(y)10.8(he)-1.voyeon itaccommodati.on mnf3or4.9(m)17.1(a)-6.7(t)-4.6(i)-/

APPENDIX A: EMPLOYEE DISABILITY ACCOMMODATION(S) REQUEST FORM

**COLLEGE OF THE HOLY CROSS
Employee Disability Accommodation(s) Request Form**

The purpose of this form is to assist the College to determine eligibility and the need for reasonable accommodations.

Please submit this form with sufficient medical documentation as described in Reasonable Accommodations for Employees and Job Applicants with Disabilities.

Your request for an accommodation, and any information submitted in support of or related to the request, will be kept confidential in accordance with applicable law and as described in the College's procedures entitled "Reasonable Accommodations for Employees and Applicants with Disabilities."

Any questions regarding the reasonable accommodation process should be directed to Human Resources.

TO BE COMPLETED BY THE EMPLOYEE:

1. Employee, Department and Supervisor Information

Name: _____

Position: _____ Department: _____

Email: _____ Phone: _____

Supervisor's Name and Title: _____

2. Please identify and describe the physical, mental or cognitive condition⁸ for which you are requesting an accommodation:

3. Please describe any limitations resulting from your condition that interfere with your ability to perform the essential functions of your position, and the expected duration of each such limitation:

4. Please describe the accommodation(s) you are seeking to enable you to perform the essential functions of your position safely and effectively, and the expected duration of each such accommodation:

By signing below, I

accommodation as described in College's procedures entitled "Reasonable Accommodations for Employees and Applicants with Disabilities."

Printed Name

Signature

Date: _____

BELOW TO BE COMPLETED BY HUMAN RESOURCES:

Date request received by Human Resources:

Decision and Accommodation(s) Granted, if any:

Date employee informed of decision and accommodation(s) granted, if any:

**APPENDIX B: REQUEST FOR MEDICAL INFORMATION FOR DISABILITY
ACCOMODATION(S)**

COLLEGE OF THE HOLY CROSS
Request for Medical Information for Disability Accommodation(s)

Dear Health Care Provider,

Your patient is employed at the College of the Holy Cross, and has requested accommodation(s) in the

College of the Holy Cross
One College Street
Worcester, MA 01610

1. Please describe the patient's mental or physical impairment(s) for which accommodations are needed, including diagnosis, severity, prognosis, and expected duration. If the employee is currently unable to work and requires a medical leave, please state the expected duration of this leave:⁹
2. Does the physical and/or mental impairment(s) substantially limit the patient's ability to perform a
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5. Please provide the dates of the initial meeting and most recent meeting between you and the employee:

6. What is the expected duration of the impairment(s) and/or functional limitation(s)?

7. [

APPENDIX C: HELPFUL RESOURCES

Campus Accessibility Map - <https://www.holycross.edu/health-wellness-and-access/office-disability-services/handicap-parking-map>

Service Animal and Assistance Animal

Policy https://www.holycross.edu/sites/default/files/files/policyprocedure/studentaffairs/20171012_service_and_assistance_policy_to_post.pdf

Discriminatory Harassment Policy

<http://college.holycross.edu/policiesforms/administration/HarassmentPolicywithNoticeFINAL.pdf>

For information regarding medical leaves, faculty should contact the appropriate Dean of Faculty and other employees should contact the Associate Director of Human Resources for Employee Relations. College ADA/504 Coordinator: David Achenbach, Department of Human Resources, College of the Holy Cross, One College Street, Worcester, MA 01610, dachenba@holycross.edu.

Reporting Access Issues:

- x Issues concerning access to buildings and grounds, including but not limited to access issues involving snow removal, curb cuts and non-operable automatic door openers: The Director of Facilities Operations in Facilities.
- x Issues regarding accessibility of electronic resources: The ITS Help Desk or the Chief Information Officer.

**APPENDIX E: EMPLOYEE DISABILITY ACCOMMODATION(S) REQUEST FORM–
ASSISTANCE ANIMAL IN COLLEGE HOUSING**

COLLEGE OF THE HOLY CROSS

Employee Disability Accommodation(s) Request Form

The purpose of this form is to assist the College to determine eligibility and the need for reasonable accommodations in connection with a request for an Assistance Animal in College housing¹¹.

By signing below, I acknowledge and agree that I am responsible for providing sufficient medical documentation from my health care provider(s) to substantiate my disability and need for reasonable accommodation as described in College's procedures entitled "Reasonable Accommodations for Employees and Applicants with Disabilities."

Printed Name

Signature

Date: _____

BELOW TO BE COMPLETED BY HUMAN RESOURCES:

Date request received by Human Resources:

Decision and Accommodation(s) Granted, if any:

Date employee informed of decision and accommodation(s) granted, if any:

6. What is the expected duration of the impairment(s) and/or functional limitation(s)?

7. [IF ADDITIONAL INFORMATION IS REQUIRED, DESCRIBE HERE. INFORMATION REQUESTED MUST BE RELATED TO THE ENJOYMENT OF THE EQUAL BENEFITS AND PRIVILEGES OF HOURING AND CONSISTENT WITH BUSINESS NECESSITY]

I hereby acknowledge and verify by my signature that the information provided is accurate, complete, and current.

Print Name of Health Care Provider: _____

Signature of Health Care Provider: _____ Date: _____

State license number: _____