



# ADMINISTRATIVE PROCEDURES

Procedure Number: 23-29

Effective Date: 08/30/2006

Revision Date: 10/02/2013

A handwritten signature in cursive script, appearing to read "C. D. Dubeau", is written over a horizontal line.

County Administrator

---

---

**SUBJECT: REASONABLE ACCOMMODATION OF APPLICANTS AND EMPLOYEES WITH DISABILITIES**

---

---

---

---

**DEPARTMENT RESPONSIBLE: HUMAN RESOURCES**

---

---

## **I. STATEMENT OF PURPOSE**

The purpose of this Administrative Procedure is to describe the process for providing reasonable accommodation to applicants and employees who are qualified individuals with disabilities as defined by the Americans with Disabilities Act (ADA) as amended, Section 504 of the Rehabilitation Act, the Arizona Civil Rights Act (ACRA), and Board of Supervisors Policy D.30.2.

## **II. POLICY**

Pima County is committed to providing reasonable accommodations to applicants and employees with known disabilities in accordance with State and Federal law. Pima County embraces the spirit and intent of the ADA, Section 504 of the Rehabilitation Act and other relevant laws affecting individuals with disabilities and their rights to enjoy equal opportunity. Essential information contained in this directive shall be disseminated both within Pima County Government and to community-based organizations responsive to individuals with disabilities via its posting on the Internet.

Human Resources is responsible for coordinating the interactive process. The provision of reasonable accommodations involves a process where requested accommodations are evaluated in order to decide whether a requested accommodation is reasonable and is determined on a case-by-case basis. Human Resources is also responsible for disseminating specific information to departments regarding accommodating employees and maintaining the ADA files.

## **III. DEFINITIONS**

**ADA ASSESSMENT** - An assessment by the ADA Panel or the ADA Coordinator, who is a Human Resources employee assigned these duties by the Human Resources Director when a department refers an employee due to a medical condition that poses job-related concerns, consistent with business necessity, or when an employee self refers.

**ADA PANEL** - A committee established by the Human Resources Director to review the medical documentation of an employee seeking accommodation to determine if the employee is an individual with a disability who is entitled to reasonable accommodation.

---

The ADA Panel may be contacted through Pima County Employment Rights, ADA Coordinator, (520) 724-2782 or ADA.coordinator@pima.gov.

**APPLICANT** - An individual submitting an application for employment with Pima County or a current Pima County employee who is being considered for another position with the County.

**DIRECT THREAT** - A significant risk of substantial harm to the health or safety of the individual, or others, that cannot be eliminated or reduced by reasonable accommodation.

**DISABILITY** - Means, with respect to an individual:

1. a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
2. a record of such an impairment; or
3. being regarded as having such an impairment. This means that the individual has been subjected to an action prohibited by the ADA as amended because of an actual or perceived impairment that is not both "transitory and minor."

**EMPLOYEE** - An individual employed by Pima County Government.

**ESSENTIAL FUNCTIONS** - The term essential functions means the fundamental job duties of the employment position the individual with a disability holds or desires. The term "essential functions" does not include the marginal functions of the position. A job function may be considered essential for any of several reasons, including but not limited to the following:

- The reason the position exists is to perform that function;
- There are a limited number of employees available among whom the performance of that job function can be distributed; and/or
- The function may be highly specialized so that the incumbent in the position is hired for his or her expertise or ability to perform the particular function.

The determination of what constitutes an essential function shall be made by the Appointing Authority of the Department the employee is assigned to and the Appointing Authority shall consider the following factors in determining what aspects of a position are essential:

1. The judgment of the Appointing Authority as to which functions are essential;
2. Written job descriptions prepared before advertising or interviewing applicants;
3. Designation of a function as "essential" on the FMLA-ADA Essential Job Function Analysis Form (Attachment 4);
4. Essential Qualifications included on a job announcement;
5. The amount of time spent on the job performing the function;
6. The consequences of not requiring the incumbent to perform the function;
7. The work experience of past incumbents in the job;
8. The current work experience of incumbents in similar jobs.

---

**INTERACTIVE PROCESS** - An informal, "good faith" communication process facilitated by the ADA Coordinator that involves both County management and the individual with a disability used to identify the precise job-related limitations resulting from the disability and a reasonable accommodation(s) to overcome those limitations. The objective of the interactive process is to find an effective accommodation that includes: (i) analyzing the barrier(s) to equal employment opportunity in the application process, the job, or a benefit or privilege of employment caused by the disability; (ii) consulting with the applicant/employee to identify possible accommodations; (iii) assessing the effectiveness of possible accommodations in eliminating or reducing the identified barrier(s) to equal employment opportunity in consultation with the applicant/employee; and (iv) considering the preference of the applicant/employee and selecting and implementing the accommodation that is most appropriate for both the applicant/employee and the employer.

**MAJOR LIFE ACTIVITIES** - As related to the ADA include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. Also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

**MEDICAL INFORMATION** - For Human Resources use, medical information will be limited to the medical provider's letter or statements of medical impairment. (See Administrative Procedure No. 23-28)

**QUALIFIED INDIVIDUAL** - An individual with a disability who satisfies the requisite skill, experience, education and other job-related requirements of the employment position such individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position.

**REASONABLE ACCOMMODATION** - Modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position the person desires; modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable an otherwise qualified individual to perform the essential functions of that position; or modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities. Reasonable accommodation may include, but is not limited to:

- a. making existing facilities used by employees readily accessible to and usable by individuals with disabilities;
- b. job restructuring;
- c. part-time or modified work schedules;
- d. reassignment to a vacant position;

- e. acquisition or modifications of equipment or devices;
- f. appropriate adjustment or modification of examinations, training materials or policies;
- g. the provision of qualified readers or interpreters;
- h. and other similar accommodations for individuals with disabilities.

**SUBSTANTIALLY LIMITS** -The term "substantially limits" shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA. "Substantially limits" is not meant to be a demanding standard. An impairment is a disability within the meaning of this section if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, the individual from performing a major life activity in order to be considered substantially limiting.

The comparison of an individual's performance of a major life activity to the performance of the same major life activity by most people in the general population usually will not require scientific, medical, or statistical analysis. Nothing in this paragraph is intended, however, to prohibit the presentation of scientific, medical, or statistical evidence to make such a comparison where appropriate.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. The effects of an impairment lasting or expected to last fewer than six months can be substantially limiting within the meaning of this Administrative Procedure.

In determining whether an individual is substantially limited in a major life activity, it may be useful in appropriate cases to consider, as compared to most people in the general population, the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.

**UNDUE HARDSHIP** - With respect to the provision of an accommodation, significant difficulty or expense incurred by a covered entity, when considered in light of the following factors set out in 29 C.F.R. § 1630.2(p): "(i) The nature and net cost of the accommodation needed under this part, taking into consideration the availability of tax credits and deductions, and/or outside funding; (ii) The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation, the number of persons employed at such facility, and the effect on expenses and resources; (iii) The overall financial resources of the covered entity, the overall size of the business of the covered entity with respect to the number of its employees and the number, type and location of its facilities; (iv) The type of operation or operations of the covered entity, including the composition, structure and functions of the workforce of such entity, and the geographic separateness and administrative or fiscal relationship of the facility or facilities in question to the covered entity; and (v) The impact of the accommodation upon the operation of the facility, including the impact on the ability of other employees to perform their duties and the impact on the facility's ability to conduct business."

---

## IV. PROCEDURES

### A. Applicants

1. Applicants with disabilities may request reasonable accommodation for employment testing, interviewing, and training processes.
2. An applicant with a disability desiring accommodation should contact Human Resources and/or the ADA Coordinator to request a reasonable accommodation. The applicant must sign and date the Authorization for Limited Release of Medical Information (Attachment 1) and complete the Request for Reasonable Accommodation for Pima County Applicants Form (Attachment 2) to include:
  - a. The applicant's name, home and email addresses, and phone number(s);
  - b. A description of the applicant's functional limitations for which accommodation(s) is/are being requested;
  - c. A description of any potential reasonable accommodation(s) that would overcome the limitation(s).
3. If the applicant's disability is not obvious, the applicant may be required to provide medical verification of the disability to the ADA Coordinator. Any medical information supplied for medical verification will be treated as confidential to the extent required by law and will be returned immediately to the applicant after review. The ADA Coordinator will determine if the applicant has a disability as defined in the ADA regulation including the rules of construction for determining if a person is substantially limited. If the ADA Coordinator is unable to determine if the applicant has a disability, the ADA Coordinator will contact the Pima County Attorney's Office for review and advice.
4. After receiving the Request for Reasonable Accommodation for Pima County Applicants Form, and verifying the applicant's disability if necessary, the ADA Coordinator will meet with the applicant to review the applicant's requested reasonable accommodations. During the Interactive Process, Pima County will:
  - a. Communicate directly with the applicant and engage in a good faith exploration of possible accommodations with the shared goal of identifying an accommodation that allows the applicant to participate in the application process effectively.
  - b. Offer alternative accommodations, when such alternatives are identified during the interactive process that provide an equally effective employment opportunity to the applicant and would not cause an undue hardship for Pima County.
  - c. Give primary consideration to the accommodation preferred by the applicant when more than one accommodation would eliminate the barrier(s) to equal opportunity in the application process or if the applicant would prefer to provide his or her own accommodation; and provide the less expensive accommodation or the accommodation that is easier to provide if Pima County exercises its ultimate discretion to choose between equally effective accommodations.

5. Once all of the possible reasonable accommodation options have been evaluated, the ADA Coordinator, in consultation with the hiring department and/or the Human Resources Recruitment and Selection unit, will determine if the applicant can be reasonably accommodated without undue hardship.
6. If the applicant can be reasonably accommodated, the ADA Coordinator will generate a memorandum setting forth the accommodation(s) to the Pima County employees who will be directly involved in the provision of accommodations, including, but not necessarily limited to, the Appointing Authority or Designee, the Department liaison in the Recruitment and Selection unit of Human Resources, and any outside individuals whose presence is required, such as readers, note-takers, sign language interpreters, etc. The ADA Coordinator will verify that the reasonable accommodation identified is made available to the applicant in a timely manner.
7. If the ADA Coordinator determines that no reasonable accommodation is available, the ADA Coordinator will document the basis for the determination in a memorandum to the Appointing Authority, the Director of Human Resources, and the Applicant and, if applicable, the Advocate for the Applicant.

#### B. Employees

1. An employee may make a request for reasonable accommodation to his/her immediate supervisor or directly to the ADA Coordinator. If the request is made to the immediate supervisor, the supervisor will obtain a department referral form from the ADA Coordinator and return it to the ADA Coordinator after filling it out and generally describing the reason for the referral. The employee shall be given a copy of the referral form. Once an employee, either through self-referral or departmental referral, indicates a need for workplace accommodations, the ADA Coordinator will invite the employee to submit a request for reasonable accommodations and will provide the necessary forms to the employee.
2. The ADA Coordinator will meet with the employee and request that the employee sign and date the Authorization for Limited Release of Medical Information (Attachment 1) and complete the Request for Reasonable Accommodation for Pima County Employees Form (Attachment 3A) and Reasonable Accommodation Worksheet (Attachment 3B) to include:
  - a. The employee's name, department, title, home address, and phone number(s);
  - b. A description of the employee's functional limitations for which accommodation(s) is/are being requested;
  - c. A description of any potential reasonable accommodation(s) that would overcome the limitation(s).
3. Unless a current copy of the employee's Essential Job Function Analysis Form (Attachment 4) is already available, the ADA Coordinator will send a blank form to the employee's department personnel representative (DPR) for completion by the employee's immediate supervisor or other authorized department member (excluding the employee). The DPR will return the form to the ADA Coordinator within two (2) business days. If a department does not complete and return the

---

---

form, the ADA Coordinator will work with the employee to identify the essential functions of his/her job and the employee's current workplace limitations and request concurrence from the department.

4. Once an ADA case is opened, the employee will be required to provide medical verification of the disability or provide a Medical Inquiry Form completed by his/her medical practitioner (Attachment 5) to the ADA Coordinator. Any medical information supplied for medical verification will be treated as confidential to the extent required by law and will be kept separate from personnel files. The ADA Coordinator may eliminate this step of the process if the employee's disabling condition and related limitations are obvious, or already a matter of record, and there is an urgent need to proceed to the interactive process.
  - a. If the disabling condition and limitations are not obvious or already established, the ADA Coordinator will provide the employee's medical information to the ADA Panel who will then review the medical information and determine if the employee has a disability as defined in the ADA regulation including the rules of construction for determining if a person is substantially limited. If additional information is needed to make this determination, the ADA Coordinator will send a letter to the employee and/or the employee's medical provider asking for the specific information needed by the ADA Panel.
  - b. If the ADA Panel determines that the employee does not meet the definition of disability, the ADA Panel will complete the ADA Panel Review Form Verification of Disability (Attachment 6) and the ADA Coordinator will notify the employee, explain the reason the panel failed to find the employee eligible, and give the employee an opportunity to resubmit medical documentation to the panel for reconsideration of its original determination.
  - c. If the ADA Panel determines that the employee does meet the definition of disability, the ADA Panel will complete the ADA Panel Review Form Verification of Disability (Attachment 6) and the ADA Coordinator will then proceed with the interactive process with the employee's department.
5. After receiving the Request for Reasonable Accommodation Form for Pima County Employees and verifying the employee's disability and limitations as provided in paragraph 4, the ADA Coordinator will meet with the employee and the employee's department and facilitate an interactive process to review the employee's requested reasonable accommodation(s). During the Interactive Process Pima County will:
  - a. Communicate directly with the employee and engage in a good faith exploration of possible accommodations with the shared goal of identifying an accommodation that allows the employee to perform the job effectively, or enjoy equal benefits and privileges of employment as are enjoyed by other similarly situated employees without disabilities.
  - b. Allow the department to recommend alternative accommodations during the interactive process, provided that the alternative accommodations provide an equally effective employment opportunity to the employee and would not cause an undue hardship for the County.

- 
- 
- c. Give primary consideration to the accommodation preferred by the employee when more than one accommodation would eliminate the barrier(s) to equal opportunity in the job, or a benefit or privilege of employment caused by the disability, or if the employee would prefer to provide his or her own accommodation; and provide the less expensive accommodation or the accommodation that is easier to provide if Pima County exercises its ultimate discretion to choose between equally effective accommodations.
        - d. Consider reassignment as an accommodation only when (i) no accommodation will enable the employee to perform the essential functions of his or her current job, (ii) the only effective accommodation would cause undue hardship, or (iii) both Pima County and the employee voluntarily agree that reassignment is preferable to the employee remaining in the current position with some form of reasonable accommodation.
        - e. Consider allowing an employee with a disability to use a service animal at work as a reasonable accommodation unless doing so would result in undue hardship or create a direct threat.
  6. Once all the reasonable accommodation options have been evaluated, the ADA Coordinator, in consultation with the department, will determine if the employee can be reasonably accommodated without undue hardship.
  7. If the employee can be reasonably accommodated, the ADA Coordinator will complete the Reasonable Accommodation Review Form (Attachment 7) which will list the reasonable accommodation(s) to be provided to the employee. This form will be placed in the employee's ADA file. The ADA Coordinator will verify that the reasonable accommodation identified is made available to the employee in a timely manner. The official reasonable accommodation agreement will be in the form of a written memorandum from the department to the employee that describes the accommodations agreed to by the department.
  8. If the Interactive Process results in a determination that the employee cannot perform the essential functions of his or her current position, the ADA Coordinator will work with the employee's department and the employee to identify a vacant position for which the employee is qualified. The time allotted for such an intra-departmental search will depend on the size and needs of the department, but will not exceed fourteen (14) calendar days. Once that position is identified, the County Administrator will then reappoint the employee to the vacancy pursuant to Merit System Rule 8.3.D, or, if applicable, the Appointing Authority will authorize a voluntary demotion pursuant to Merit System Rule 8.2.B (1) or (3). If the employee requires reasonable accommodation in the new position, the procedure in Item IV, § B, paragraph 5, *et. seq.* will be followed. The ADA Coordinator will also complete the Reasonable Accommodation Review Form to document the reassignment and any other accommodations that are made as the reasonable accommodation provided to the employee. The Reasonable Accommodation Review Form will be maintained in the employee's ADA file.
  9. If the employee's department does not have a vacant position for which the employee is qualified, then the ADA Coordinator, in conjunction with the Human Resources Recruitment and Selection unit, will determine if there are vacancies elsewhere in the County for which the employee is otherwise qualified. The

process of investigating whether there are openings within other departments will take no more than four (4) weeks from the date the ADA Coordinator determines that the employee cannot be reasonably accommodated within the employee's current department, unless additional time is required by the Human Resources Recruitment and Selection unit. If a vacancy is found and an offer extended, the employee will have an opportunity to meet with the department prior to accepting any reappointment to that department. If the employee is qualified for the position and accepts the offered position, the County Administrator will then reappoint the employee to the vacancy pursuant to Merit System Rule 8.3.D.

10. A reappointed employee's salary shall be set in accordance with Personnel Policy 8-117 unless otherwise set by the County Administrator.
11. An employee who requests reasonable accommodation may be laid off pursuant to Merit System Rule 11.4(A) or terminated pursuant to Law Enforcement Merit System Rule XI-10(C):
  - a. When no reasonable accommodation will enable the employee to perform the essential functions of his or her current job and reassignment is not possible;
  - b. When providing reasonable accommodation would cause undue hardship;
  - c. When the employee poses a direct threat that cannot be eliminated by reasonable accommodation; or
  - d. When the employee refuses an effective reasonable accommodation offered by Pima County and cannot otherwise perform the essential functions of his/her job.

Before an employee is laid off or terminated for any of these reasons, the ADA Coordinator will generate a confidential memorandum to the Human Resources Director setting out the basis for this conclusion. The Human Resources Director will review the determination and provide recommendations to the County Administrator. In addition, the determination will require legal review by the Pima County Attorney's Office and approval or concurrence of the County Administrator.

## **V. CONFIDENTIALITY**

All medical information pertaining to reasonable accommodation requests shall be maintained in secured files by Human Resources, separate from the employee's personnel file, archived per State regulations, and be treated as confidential, except that:

- A. Supervisors and managers may be informed regarding necessary work restrictions or accommodations on a need-to-know basis; and
- B. First aid and safety personnel may be informed, when appropriate, if the disability has the potential of requiring emergency treatment.

At the time of ADA file closure, all medical information within the file shall be retained in accordance with Pima County Administrative Procedure No. 23-28 - ADA Medical Records Disposition.

**VI. DIRECT THREAT**

As an employer, Pima County may refuse to hire an applicant or retain an employee who poses a significant risk of substantial harm to the health or safety of the individual, or others, that cannot be eliminated or reduced by reasonable accommodation.

If an individual is believed to pose a direct threat, the Appointing Authority or designee will notify the ADA Coordinator that the employee is likely to pose a direct threat and include all facts that support the conclusion that the employee poses a direct threat. The ADA Coordinator will provide a recommendation to the Appointing Authority or designee regarding the direct threat within ten (10) business days of receipt of the direct threat information. An employee may be temporarily placed on administrative leave with pay until the ADA Coordinator makes a recommendation to the Appointing Authority.

The determination that an individual poses a "direct threat" shall be based on an individualized assessment of the individual's present ability to safely perform the essential functions of the job. This assessment shall be based on a reasonable medical judgment that relies on the most current medical knowledge and/or on the best available objective evidence. In determining whether an individual would pose a direct threat, the factors to be considered include: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that the potential harm will occur; and (4) the imminence of the potential harm.

**VII. GRIEVANCE PROCEDURES**

An employee who disagrees with a decision by his or her Department may grieve the decision pursuant to the ADA Grievance Procedure. Any applicant who believes he/she has been discriminated against as an applicant for employment may also file a grievance pursuant to the ADA Grievance Procedure. Human Resources-Employment Rights will provide the forms.

Nothing herein shall preclude any aggrieved individual from pursuing any other legal remedy.

**VIII. OBLIGATIONS OF PIMA COUNTY**

When an applicant or employee requests Reasonable Accommodations under the ADA, Pima County will refrain from:

- A. Speculating that a suggested accommodation requested by an applicant or employee with a disability is not feasible.
- B. Relying on generalized conclusions to support a claim of undue hardship regarding a request for reasonable accommodation from an applicant or employee with a disability.
- C. Deciding to deny a requested accommodation prior to having engaged in an interactive process with the employee or applicant requesting reasonable accommodation.

- D. Retaliating against or intimidating an employee with a disability for requesting reasonable accommodation, or to avoid granting a reasonable accommodation to an employee with a disability, or for filing a complaint of discrimination or participating in any manner in any investigation or proceeding under the ACRA or the ADA.

**IX. NON-RETALIATION**

Pima County Board of Supervisors Policy D.30.2 and this Administrative Procedure provide that Pima County will not retaliate against any applicants or employees for making a request for reasonable accommodation under the Americans with Disabilities Act.



**PIMA COUNTY**  
**HUMAN RESOURCES DEPARTMENT**

**Americans with Disabilities Act**  
**REQUEST FOR REASONABLE ACCOMMODATION**  
**FOR PIMA COUNTY EMPLOYEES/APPLICANTS**

**AUTHORIZATION FOR LIMITED RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_, hereby authorize and give consent to the Pima County Human Resources Department to review any and all hospital or medical records, information, or reports of every kind or description for ADA accommodation purposes in my workplace.

I understand that the information that is collected and discussed is to be treated with confidentiality. However, directly relevant information may be shared with supervisors, managers, others who need to know to address work restrictions and/or accommodations, or with those responsible for emergency treatment, in order to make decisions, or provide advice on matters relating to my request for reasonable accommodation.

I acknowledge that I have been informed that if the medical information contained herein is not released, my reasonable accommodation request may be denied.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



**PIMA COUNTY**  
**HUMAN RESOURCES DEPARTMENT**

**Americans with Disabilities Act**  
**REQUEST FOR REASONABLE ACCOMMODATION**  
**FOR PIMA COUNTY APPLICANTS**

Name:			
Home Address:			
Phone Numbers:	Day:		Cell:
E-Mail Address:			
Position You Are Applying For:			
Department You're Applying To:			

Please describe the functional limitation for which you are requesting reasonable accommodations to help us understand your request.

Please describe any accommodations you are requesting that would overcome the limitations described above:

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Print Name above This Line

\_\_\_\_\_  
 Date

Pima County will provide reasonable accommodation to include modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires.



**PIMA COUNTY**  
**HUMAN RESOURCES DEPARTMENT**

**Americans with Disabilities Act**  
**REQUEST FOR REASONABLE ACCOMMODATION**  
**For Pima County Employees**

(This form contains confidential information and must be kept separate from personnel records.)

<b>A. Employee Information</b>		
Employee Name:		SSN:
Job Title:		Supervisor:
Department Name:		Work Phone:
Work Address:		E-Mail:
Home Address:		Home Phone:
		Cell Phone:
<b>B. Questions to document the reason for workplace accommodation request (see part II of the Worksheet).</b>		
What, if any, job function are you having difficulty performing (mark all that apply)?		
<input type="checkbox"/> Climbing <input type="checkbox"/> Driving <input type="checkbox"/> Sitting <input type="checkbox"/> Typing <input type="checkbox"/> Reaching <input type="checkbox"/> Bending/Squatting <input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Thinking <input type="checkbox"/> Standing <input type="checkbox"/> Interacting <input type="checkbox"/> Concentrating <input type="checkbox"/> Other:		
What limitation/symptom is interfering with your ability to perform your job (e.g., lifting restriction, fatigue, vision or hearing impairment, etc.)?		
<b>C. Questions to document the request for access to equal benefits and privileges of employment.</b>		
What limitation/symptom is interfering with your ability to enjoy equal benefits and privileges of employment (attending training, work-related social functions, accessing services such as the Employee Assistance Program (EAP), accessing lunch/break/meeting rooms, etc.)?		
<b>D. History of Previous Accommodation Attempts</b>		
Have you had any accommodations in the past for this same limitation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what were they and how effective were they?		
<i>NEXT: Fill out the "ADA Reasonable Accommodation Worksheet" to explain your accommodation request in detail.</i>		

Pima County will provide reasonable accommodation to include (i) modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; (ii) modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; or (iii) modifications or adjustments that enable an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

**PIMA COUNTY, ARIZONA  
Americans with Disabilities Act (ADA) - Reasonable Accommodation Worksheet  
To Be Completed By Employees Requesting Workplace Accommodations**

<b>I. Nature Of Job Being Accommodated: Duties Requiring Accommodation(s) (If Applicable)</b>			
Describe Duty	Time Spent on the Duty		
	More Than 25%	Less Than 25%	
1			
2			
3			
4			
5			
<b>II. Nature Of Accommodation Request (Check All That Apply)</b>			
1. <input type="checkbox"/> Assistive Technology Request- Specify:	<input type="checkbox"/> Computer Monitor <input type="checkbox"/> Computer Mouse or Keyboard <input type="checkbox"/> Computer Software <input type="checkbox"/> Listening Device <input type="checkbox"/> Other (explain below)		
2. <input type="checkbox"/> Change in Work Schedule: No reduction in hours worked	Current Schedule: Days Worked: _____ Hours Worked Daily: _____ Requested Schedule: Days Worked: _____ Hours Worked Daily: _____		
3. <input type="checkbox"/> Change in Work Schedule: Reduction in hours worked	Hours Currently Worked Per Week: _____ Weekly Hours Requested to Be Worked: _____		
4. <input type="checkbox"/> Change in Work Schedule: Occasional Breaks/Intermittent Leave	<input type="checkbox"/> Time Off for Medical Appointments Explain: _____ <input type="checkbox"/> Occasional Breaks During the Day <input type="checkbox"/> Intermittent Medical Leave: Additional Information: _____		
5. <input type="checkbox"/> Interpreter/Translator Services			
6. <input type="checkbox"/> Reader			
7. <input type="checkbox"/> Working From Home/Telecommuting			
8. <input type="checkbox"/> Lifting Assistance - Specify:	<input type="checkbox"/> Co-Workers to Help with Lifting <input type="checkbox"/> Mechanical Lifting Device		
9. <input type="checkbox"/> Ergonomic Changes to Work Station (change height, lighting, etc.)			
10. <input type="checkbox"/> Modifications to Work Station Furniture (ergonomic chair, footstool, etc.)			
11. <input type="checkbox"/> Reassignment within Department (explain):			
12. <input type="checkbox"/> Service Animal (explain):			
13. <input type="checkbox"/> Access to equal Benefits & Privileges of Employment or other request. (Please use continuation sheet.)			
Employee Signature: _____	Date: _____		

Attachment 3B  
Continuation Sheet

**PIMA COUNTY, ARIZONA**  
**Americans with Disabilities Act (ADA) - Reasonable Accommodation Worksheet**  
**To Be Completed By Employees Requesting Workplace Accommodations**

**CONTINUATION SHEET**

(Please Use This Sheet to Provide Additional Information That Did Not Fit on the Worksheet)

Section Referenced	Additional Information

SAMPLE



FORM  
**EFA**  
01/2013

**Pima County Human Resources FMLA – ADA Essential Job Function Analysis**

This form is to be completed by the employee's immediate supervisor or other authorized department member based on an evaluation of the position as it is being done today. It is NOT to be completed by the employee. For best results, please complete the form electronically and email the form to [FMLA.coordinator@pima.gov](mailto:FMLA.coordinator@pima.gov) or [ADA.coordinator@pima.gov](mailto:ADA.coordinator@pima.gov) as applicable.

Employee Name:	EIN:	Dept Code/Name:
Job Title / Classification:	Class Code:	Date form completed:
Supervisor Full Name:	Supervisor Phone:	Title:
Name of Person Completing Form (NOT Employee):	Phone:	Title:

**PART A: DESCRIPTION OF ESSENTIAL JOB FUNCTIONS**

Essential job functions are those day-to-day tasks and responsibilities of the position that the individual who holds the job would have to perform with or without accommodations. List 3 to 5 essential job functions in the tables below and indicate the percent of time the employee performs that function or duty. They must be job related and consistent with business necessity. Percentage total for all functions should not exceed 100%.

Examples: Answers phone and assists callers. Prepares manual and automated records and reports. Enters data into a computer. Patrols large areas by foot or vehicle. Works with hazardous materials. Drives fork lift.

Essential Job Functions	Percent (%) of time
1	
2	
3	
4	
5	

Percentage total for all functions should not exceed 100%.

**PART B: SUPERVISION REQUIRED OVER THE POSITION**

Check a box below.

Close and detailed	Comment:
Spot check basis only	
Little - Employee is responsible for devising own work methods	
Other (Please comment in box on right.)	

Disclaimer: These essential job functions represent the job being done today and are subject to change as job assignments change at the discretion of the Appointing Authority.

Employee Name:  EIN:

**Pima County Human Resources FMLA – ADA Essential Job Function Analysis**

**PART C: ESSENTIAL FUNCTION ANALYSIS**

Complete this form by selecting the boxes below as follows. You may add items or provide descriptions in the additional information box.  
 1. If the activity is an essential function of the position, mark the Essential column (shaded). (If completing electronically, a star will appear in the box.) Any activity may be essential, except those with a frequency of "Never - Not Applicable".  
 2. Indicate the frequency of the activity. Below are frequency ratings.

Frequency Ratings: Never - Not Applicable = 0% Occasional = 1% to 33% of the time Frequent = 34% to 66% of the time Continuous = 67% to 100% of the time

Physical	Mental Effort					Performance					Health and Safety				
	Continuous	Frequent	Occasional	Never - N/A	ESSENTIAL	Continuous	Frequent	Occasional	Never - N/A	ESSENTIAL	Continuous	Frequent	Occasional	Never - N/A	ESSENTIAL
Sitting						Attendance: Working as scheduled					Working inside				
Standing						Attendance: Arriving on time					Working outside				
Walking						Maintaining stamina during workday					Working in humidity				
Bending over						Meeting deadlines					Working in extreme temperatures				
Crawling						Attending work-related meetings					Working in confined spaces				
Climbing stairs						Working effectively with coworkers					Working with hazardous chemicals				
Climbing ladders						Working effectively with customers or clients					Working with other hazards (describe below)				
Reaching overhead						Working with others as a team					Working with odors				
Crouching						Working alone					Working with fumes/gases				
Squatting						Directing others					Working in dirty/dusty environments				
Repetitive hand or arm movement						Writing					Working in high places				
Grasping						Keyboarding					Working with loud noises				
Lifting 5 to 25 lbs						Answering phones					Walking on uneven ground				
Lifting 25 to 60 lbs						Operating office equipment and/or copiers					Being around heavy/large equipment/machinery				
Lifting > 60 lbs						Operating heavy equipment/machinery					Working with hand tools (describe below)				
Eye/hand coordination						Carrying/using a firearm					Working with electric tools (describe below)				
Fine manipulation						Driving vehicles and/or machines									
Pushing						Working rotating shifts									
Pulling															
Hearing															
Seeing															
Smelling															
Talking															

Additional information:

EFA 01/2013

Disclaimer: These essential job functions represent the job being done today and are subject to change as job assignments change at the discretion of the Appointing Authority.



**PIMA COUNTY HUMAN RESOURCES DEPARTMENT**  
 150 W. Congress, 5<sup>th</sup> Fl., Tucson, AZ 85701  
 (520) 724-2728 | Fax: (520) 724-8253

**MEDICAL INQUIRY FORM**

<b>NAME OF EMPLOYEE:</b>		
<b>A. Questions to help determine whether an employee has a disability.</b>		
For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:		
Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the impairment?		
Is the impairment long-term or permanent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <i>not</i> permanent, how long will the impairment likely last?		
Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.		
Does the impairment substantially limit a major life activity as compared to most people in the general population? <i>Note: Does not need to significantly or severely restrict to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>*If yes, what major life activity or activities is/are affected?*</b>		
<input type="checkbox"/> Caring For Self <input type="checkbox"/> Interacting With Others <input type="checkbox"/> Performing Manual Tasks <input type="checkbox"/> Breathing <input type="checkbox"/> Working	<input type="checkbox"/> Walking <input type="checkbox"/> Standing <input type="checkbox"/> Reaching <input type="checkbox"/> Thinking <input type="checkbox"/> Toileting	<input type="checkbox"/> Hearing <input type="checkbox"/> Seeing <input type="checkbox"/> Speaking <input type="checkbox"/> Learning <input type="checkbox"/> Sitting <input type="checkbox"/> Lifting <input type="checkbox"/> Sleeping <input type="checkbox"/> Concentrating <input type="checkbox"/> Reproduction <input type="checkbox"/> Other: (describe)
Does the impairment substantially limit the operation of a major bodily function? <i>Note: Does not need to significantly or severely restrict to meet this standard.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>*If yes, what bodily function or functions is/are affected?*</b>		
<input type="checkbox"/> Immune <input type="checkbox"/> Normal Cell Growth <input type="checkbox"/> Digestive <input type="checkbox"/> Bowel <input type="checkbox"/> Bladder <input type="checkbox"/> Genitourinary	<input type="checkbox"/> Hemic <input type="checkbox"/> Special Sense Organs and Skin <input type="checkbox"/> Lymphatic <input type="checkbox"/> Neurological <input type="checkbox"/> Brain <input type="checkbox"/> Respiratory	<input type="checkbox"/> Circulatory <input type="checkbox"/> Endocrine <input type="checkbox"/> Reproductive <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Special Sense <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Other: (describe)

**PLEASE NOTE:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.





# PIMA COUNTY

## HUMAN RESOURCES DEPARTMENT

### PIMA COUNTY ADA PANEL REVIEW FORM VERIFICATION OF DISABILITY

Employee Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_

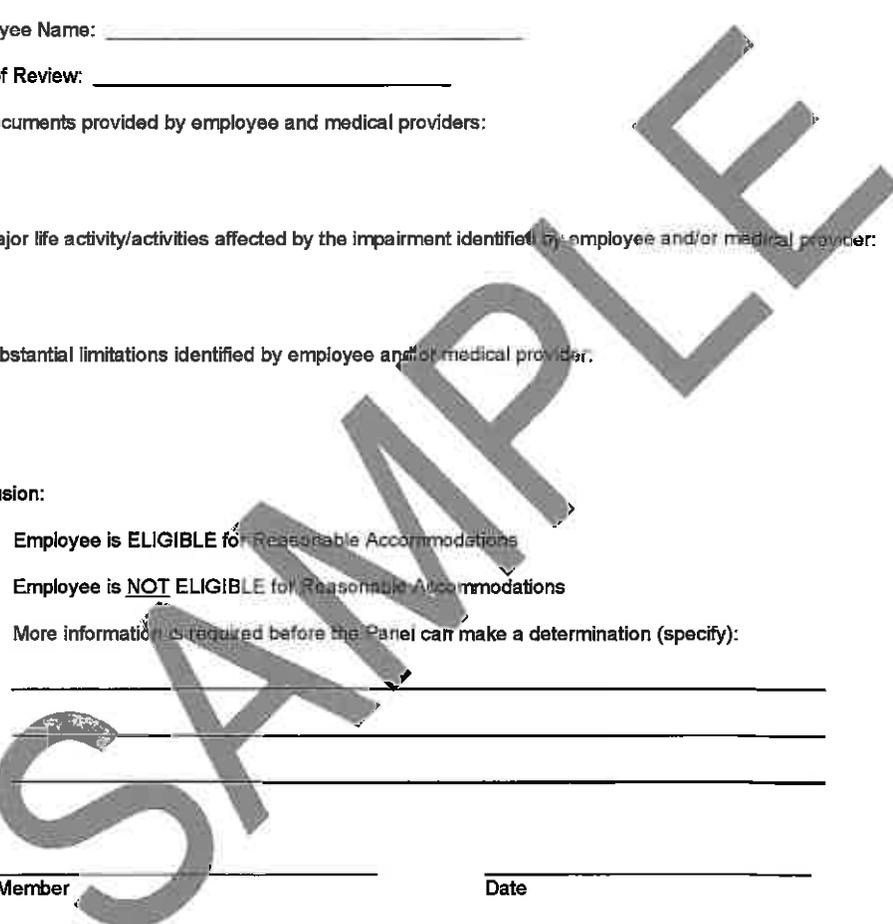
List documents provided by employee and medical providers:

List major life activity/activities affected by the impairment identified by employee and/or medical provider:

List substantial limitations identified by employee and/or medical provider:

**Conclusion:**

- Employee is **ELIGIBLE** for Reasonable Accommodations
- Employee is **NOT ELIGIBLE** for Reasonable Accommodations
- More information is required before the Panel can make a determination (specify):



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

Panel Member \_\_\_\_\_

Date \_\_\_\_\_

Panel Member \_\_\_\_\_

Date \_\_\_\_\_

Panel Member \_\_\_\_\_

Date \_\_\_\_\_



**PIMA COUNTY  
REASONABLE ACCOMMODATION REVIEW FORM  
PIMA COUNTY EMPLOYEES**

Employee Name:   
 ADA Case Number:

Date of Initial Meeting:  
 Date(s) of Continuation:

<b>A. PURPOSE OF THIS FORM</b>	
<input type="checkbox"/> Initial Interactive Process Meeting	<input type="checkbox"/> Case Reopened at the Request of EMPLOYEE
<input type="checkbox"/> Continuation of Previous Interactive Process Meeting	<input type="checkbox"/> Case Reopened at the Request of DEPARTMENT
<b>B. NATURE OF ACCOMMODATION REQUEST (See Note at the Bottom of the Following Page)</b>	
<input type="checkbox"/> Change in Work Schedule: No reduction in hours worked	
Current Schedule:	Days Worked: Hours Worked Daily:
Requested Schedule:	Days Worked: Hours Worked Daily:
<input type="checkbox"/> Change in Work Schedule: Reduction in hours worked	
Hours Currently Worked Per Week:	←
Weekly Hours Requested To Be Worked:	
<input type="checkbox"/> Change in Work Schedule: Occasional Breaks/Intermittent Leave	
<input type="checkbox"/> Time Off for Medical Appointments	Specify:
<input type="checkbox"/> Occasional Breaks During the Day	
<input type="checkbox"/> Intermittent Medical Leave	
<input type="checkbox"/> Assistive Technology Requested - Specify:	<input type="checkbox"/> Computer Monitor <input type="checkbox"/> Computer Mouse or Keyboard <input type="checkbox"/> Computer Software <input type="checkbox"/> Listening Device <input type="checkbox"/> Other (explain below)
Additional Information: →	
<input type="checkbox"/> Interpreter/Translator Services	
<input type="checkbox"/> Reader	
<input type="checkbox"/> Working From Home/Telecommuting	
<input type="checkbox"/> Lifting Assistance - Specify:	<input type="checkbox"/> Co-Workers to Help with Lifting <input type="checkbox"/> Mechanical Lifting Device
<input type="checkbox"/> Ergonomic Changes to Work Station (change height, lighting, etc.)	
<input type="checkbox"/> Modifications to Work Station Furniture (ergonomic chair, footstool, etc.)	
<input type="checkbox"/> Service Animal (explain):	
<input type="checkbox"/> Other (explain):	

**PIMA COUNTY  
REASONABLE ACCOMMODATION REVIEW FORM  
PAGE 2 OF 2**

<b>C. NATURE OF JOB DUTIES REQUIRING ACCOMMODATION (IF APPLICABLE)</b>			
Describe Each Duty	Time Spent on the Duty		Essential (Y/N) ?
	More Than 50%	Less Than 50%	
1			
2			
3			
4			
5			

<b>D. POSITION OF DEPARTMENT (see Administrative Procedure 23-29, Item VIII)</b>			
Impact of Proposed Accommodation(s) On Department (if Applicable; Otherwise, Leave Blank)			
#	Impact on Other Employees	Alters Position	Expense
1			
2			
3			
4			
5			

The Department Accepts the Accommodation(s) As Requested and Described on Page 1

The Department Requests More Time to Evaluate the Accommodation Request

The Department Rejects the Requested Accommodation(s), and Proposes This Equally Effective Alternative:

Request Rejected On This Basis  Undue Hardship  Direct Threat  Accommodation not Possible

Explain:

<b>E. SUMMARY OF INTERACTIVE PROCESS</b>	
<input type="checkbox"/> Requested Accommodation(s) To Be Implemented	<input type="checkbox"/> Alternative Accommodations To Be Implemented
<input type="checkbox"/> Interactive Process to Be Continued. Specify Date and Time If Known:	
<input type="checkbox"/> No Agreement; Employee/Claimant Advised of County Grievance Rights and Availability of Assistance from the Equal Employment Opportunity Commission and the Arizona Attorney General Civil Rights Division.	

ADA Coordinator: \_\_\_\_\_

*ORIGINAL -- To Be Retained In File. COPIES -- To Be Distributed to Claimant, Department*

This form is an internal working document, and not the official documentation of reasonable accommodations agreed on by the parties. The official documentation will consist of a memorandum from the Department to the employee/claimant.

NOTE: Pima County will act in good faith to provide reasonable accommodation to include (i) modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; (ii) modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; or (iii) modifications or adjustments that enable an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.