

IRVING ISD ADA ACCOMMODATION STEP-BY-STEP GUIDE

1. An applicant, candidate, or employee discloses a disability or chronic health condition to his/her supervisor and/or HR and links this to a challenge at work and/or requests an accommodation for a disability that is not obvious using the **Employee Accommodation Request Form**. **Go to Step 3.**
2. An applicant, candidate, or employee has an obvious disability or chronic health condition creating a challenge at work and/or the employee requests an accommodation for an obvious disability or chronic health condition using the **Employee Accommodation Request Form**. **Go to Step 3c.**
3. Risk Management receives Employee Accommodation Request Form and/or information from supervisor and determines if employee is disabled and if additional medical information is needed.
 - a. If employee's condition is not obvious, Risk Management should contact employee and request medical documentation from employee using **ADA Health Care Provider Form**. Please make sure to provide the employee with the employee's job description to attach to the form. **Go to Step 3c.**
 - b. If employee is not disabled, Risk Management should document and inform the applicant, candidate, or employee using the **ADA Response Form**. **STOP**
 - c. If employee's disability is obvious or if medical documentation shows a disability which limits a major life activity, Risk Management should forward all information to the ADA Committee to:
 - i. Determine whether the person needs an accommodation:
 1. To apply for a job
 2. To be on boarded
 3. In order to enjoy the benefits of employment, or
 4. Because of a challenge in meeting their job requirements.**Go to Step 4.**
4. Risk Management and the ADA Committee should engage in the interactive process to determine need.
 - a. Review the job description for essential functions.
 - b. Obtain input from the individual to gain an understanding of the level of impairment and the challenge they are experiencing either in writing (through the **Employee Accommodation Request Form**), in person, and/or by phone. If Committee is not going to grant requested accommodation, employee should be given an opportunity to address committee regarding alternative accommodation(s).
 - c. Obtain input from the individual's supervisor regarding essential functions and the effects of implementation of the requested accommodation and/or alternative accommodation(s). **Go to Step 5.**

5. ADA Committee should determine whether the employee or applicant can be accommodated?
 - a. If accommodation not possible because the person is no longer qualified, the accommodation creates undue hardship, or the individual's behavior creates a direct threat to health and safety.
 - i. Document in the tracking system and inform the applicant, candidate, or employee using the **ADA Response Form**. **STOP**
 - b. If the applicant or employee is or remains qualified and can be accommodated.
 - i. Determine an effective accommodation in consultation with the applicant or employee and inform the applicant, candidate or employee using the **ADA Response Form**. **Go to Step 6.**
6. Risk Management shall be in charge of ensuring that the accommodation is implemented effectively including notifying all necessary personnel involved in the implementation (e.g. supervisor, facilities, IT, security, etc.). This may require installation of software or equipment, training on a software program, etc. **Go to Step 7.**
7. Risk Management shall monitor the accommodation to determine if the accommodation is effective using the **Monitoring Accommodation Form**
 - a. If the accommodation is effective,
 - i. Continue to monitor as needed or every six months.
 - ii. Document in the tracking system and inform the applicant, candidate, or employee using the **Monitoring Accommodation Form**. **STOP**
 - b. If the accommodation is ineffective,
 - i. Continue the interactive process until it is determined the person is not qualified or no accommodation is possible.
 - ii. Document in the tracking system and inform the applicant, candidate, or employee using the **ADA Response Form**. **STOP**