



Overview of Reasonable Accommodation Process

California State University, Bakersfield seeks to assist applicants and employees with disabilities by providing reasonable accommodations to qualified individuals.

Involvement of ADA Coordinator

Many conditions and accommodations are obvious and unquestioned. In situations where an accommodation is requested and there are questions regarding either the existence of a qualified disability, the need for an accommodation, or the nature of the accommodation to be provided, campus managers need to consult with Kellie Garcia, the ADA Coordinator. If a manager questions the condition, restriction or proposed accommodation, s/he must discuss the reservations with the ADA Coordinator before engaging in the interactive process with the employee. This will avoid managers misunderstanding their obligations under University policy.

The ADA Coordinator assists managers in evaluating needed information, employees' capabilities and limitations to perform jobs, entitlement to accommodation, appropriateness of accommodations, and related issues.

1. Required Forms

To assist in processing requests for accommodation, the ADA Coordinator utilizes the Accommodation Request Form, ADA/FEHA Job Duty Evaluation Checklist, Guidelines for Evaluating Impairments and Authorization to Release Medical Records. These forms may also be requested from the ADA Coordinator.

2. Interactive Process

An interactive process is required whenever an accommodation is requested. The interactive process seeks to resolve questions and to provide management with useful information and suggestions on how accommodation issues may be handled.

3. Confidential, Personal, and Medical Information

Commonly, medical and other professionals need to provide verification of conditions and limitations. Such information is confidential and must be handled carefully. It is common for doctors to both acknowledge a condition and provide a description of limitations or accommodations that are required or suggested.

California State University, Bakersfield ADA Coordination

The following individuals provide ADA coordination in their specific areas, and may be contacted with regard to ADA issues, questions or concerns in that area.

For Students

Janice Clausen, Director, Services for Students with Disabilities
jclausen@csub.edu or (661) 654-3360

For Employees and Applicants

Kellie Garcia, Associate Vice President, Human Resources & Administrative Services
kgarcia@csub.edu or (661) 654-3206



Guidelines For Evaluating Impairments

An Impairment is:

- Any physiological disease, disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, immunological, digestive, genitourinary, hemic and lymphatic, skin and endocrine (a "physical" impairment).
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities; or any such disorder that requires special education or related services (a "mental" impairment).
- Not a physical characteristic such as eye or hair color, left-handedness, or height/weight within normal range
- Not a personality or character trait such as irritability, chronic lateness, or poor judgment.
- Not an environmental, cultural or economic disadvantage such as a lack of education or a prison record.

An Impairment Rises to the Level of a Disability if it:

- Limits a major life activity, as compared to the ability of the average person in the general population to perform that activity. Major life activities may include a particular job, a class of jobs, or any of the following:
 - Walking
 - Learning
 - Reaching
 - Lifting
 - Speaking
 - Caring for Oneself
 - Communicating
 - Thinking
 - Breathing
 - Working
 - Concentrating
 - Sleeping
 - Seeing
 - Sitting
 - Interacting with Others
 - Socializing
 - Hearing
 - Standing
 - Reading
 - Performing Manual Tasks
- Is not a temporary impairment such as a broken limb with no long-term complications.
- Is a temporary impairment that develops into a long-term impairment (e.g., a broken leg that heals improperly and results in a limp, an operation that results in chronic bowel dysfunction, etc.)
- Consists of two or more impairments not disabling by themselves which have a combined effect of limiting a major life activity (for example: mild arthritis and mild osteoporosis combine to result in inability to move hands)

Under California's Fair Employment and Housing Act (FEHA), whether an impairment limits a major life activity is determined without reference to mitigating measures, such as use of medication.



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Accommodation Request Form

This confidentiality form is to be used by applicants or employees who are requesting an accommodation based on a disability. Applicants and employees requesting services will be subject to qualification standards as defined by federal and state laws relating to disability.

Instructions:

Please complete and sign the first page where indicated, and return to California State University, Bakersfield Human Resources. A meeting will be scheduled with the employee/applicant and ADA Coordinator to begin the interactive process and discuss the accommodation request. For employees, the supervisor will be included in the interactive process. If you have any questions, please contact Kellie Garcia, ADA Coordinator, at 661-654-3206. For more information regarding accommodation, you may also visit the CSUB Human Resources website at <https://www.csub.edu/BAS/hr/>

Employee Applicant

Name: _____ Employee ID (if applicable): _____

Duration of Impairment: Permanent Temporary (if temporary, please provide timeframe): _____

Activity or activities that your impairment limits:

Accommodation(s) requested:

Requestor Signature _____ Date _____

Human Resources Use Only

Initial Meeting with Requestor _____ Initial Meeting with Employee and Supervisor _____

Recommendations for Accommodations:

Date Accommodations Implemented _____ Verified by _____



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Authorization to Release Medical Records

To Whom It May Concern:

I, _____, hereby authorize California State University, Bakersfield to receive records or reports of
(your name)
examination(s) done by _____ regarding my fitness to work, any potential work restrictions
(your doctor's name)
I may have, or reasonable accommodations I may need, and other such medical information as may be pertinent to my job performance
based on my current medical condition. The records will be sent to California State University, Bakersfield Human Resources at:

California State University, Bakersfield
9001 Stockdale Highway
Bakersfield, CA 93311 - 1022

This authorization is effective _____, and will remain effective through _____, unless otherwise rescinded.

I understand that I will receive a copy of this authorization upon request.

Employee Signature

Date



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ADA/FEHA Job Duty Evaluation Checklist

Instructions: Employee/applicant shall contact the treating health care provider to complete this form. Employee/applicant should return the completed form to ADA coordinator at California State University, Bakersfield Human Resources. If you have any questions, please contact, Kellie Garcia, ADA Coordinator, at 661-654-3206. A carbon copy, photocopy, or facsimile copy of this true medical release shall be as valid as an original of same.

To:

Re:

Treating Health Care Provider

Employee or Applicant Name

Treating Health Care Provider : Please refer to the attached Guideline for Evaluating Impairment and Job Description when completing the following.

Does this person have a physical or mental impairment that "limits" one or more major life activity?

Yes No If no, stop. No further information is required.

Please see Guidelines for Evaluating Impairments for definition of physical or mental impairment. A condition "limits" a major life activity if it makes the achievement of the major life activity more difficult.

If yes, please identify the major life activity(ies) that is/are limited. Please see attached Guidelines for Evaluating Impairments.

- | | | | |
|------------------------|--------------------|---------------|-------------------------|
| Walking | Reading | Standing | Interacting with Others |
| Speaking | Learning | Lifting | Thinking |
| Breathing | Caring for Oneself | Reaching | Sleeping |
| Seeing | Working | Communicating | Socializing |
| Hearing | Sitting | Concentrating | Performing Manual Tasks |
| Other (describe) _____ | | | |

Is this condition permanent or temporary? (Please explain.)

If temporary, when would it reasonably be expected to no longer limit a major life activity?

ADA/FEHA Job Duty Evaluation Checklist (cont.)

Is this person able to perform the essential functions of the job as described on the attached job description?

Yes (If yes, stop. No further information is required.) No

If no, what essential functions cannot be performed?

Can this person perform the essential functions of the job with "accommodation", such as job restructuring, modified work schedule, modification of work tools or equipment, or provision of qualified readers or interpreters?

Yes No

Please comment on examples of accommodations which may enable this person to perform the essential job functions:
(without regard to whether you believe that such accommodation is "reasonable.")

Signature of Health Care Provider

Type of Practice

Telephone Number

Provider Address: _____

Date: _____

(CSUB HR Use Only)

Verified by ADA Coordinator _____

Date: _____