STANDARD ADMINISTRATIVE PROCEDURE

08.01.02.M0.01 Reasonable Accommodation Requests under the Americans with Disabilities Act (ADA)

Approved November 7, 2019
Next Scheduled Review: November 7, 2024

Standard Administrative Procedure (SAP) Statement

Texas A&M University (TAMU) is committed to providing equal access and opportunity to employees, students, applicants for employment and admission, and others with disabilities in compliance with the ADA, as amended. This SAP details the requirements for employees to request reasonable accommodations and engage in the interactive process.

Definitions

Definitions related to the ADA and reasonable accommodations are contained in System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities.

Qualified Individual – defined in System Regulation 08.01.02.

Procedures and Responsibilities

1. EMPLOYEE ELIGIBILITY
   1.1. To be eligible for a reasonable accommodation, an employee must be a Qualified Individual and submit a request for reasonable accommodation as specified in this procedure.

2. RESPONSIBILITIES
   2.1 OCRM - monitors the reasonable accommodation review and approval process by working with HR Liaison(s) and/or Supervisor(s) to evaluate requests and determine approved accommodations. OCRM will notify the Dean of Faculties office when requests involve faculty to address any academic impact.

   2.2 Human Resource (HR) Liaison and Supervisor - receives requests for reasonable accommodations from current employees and applicants for employment, conducts
an assessment of the reasonable accommodation requests, engages in the interactive process with employees and applicants, works with Organizational Consulting & Resolution Management (OCRM) to ensure accommodations approved are reasonable, implemented, and working as planned.

2.3 ADA Coordinator - oversees ADA compliance at the University.

2.4 Civil Rights and Equity Investigations (CREI) – receives and investigates complaints of discrimination, harassment, or related retaliation based on disability.

2.5 Disability Resources – reviews, assesses, and determines student requests for accommodations, coordinates with faculty and staff, manages the testing administration center, and assists with providing assistive technology assessments and other disability related needs for students.

2.6 University Sponsors – works with visitors to address accessibility and any specific accommodation requests.

3. SUBMITTING THE REQUEST FOR ACCOMMODATION:

3.1 Non-Employees (Students, Applicants, Volunteers, and Visitors)

Non-employees submit a request for reasonable accommodation to the following persons, as applicable:

3.1.1 Applicants: Applicants should contact the respective Human Resources Office
   3.1.1.1 TAMU – ocrm@tamu.edu or 979-862-4027
   3.1.1.2 TAMUG – HR@tamu.edu or 409-740-4532
   3.1.1.3 TAMUQ’s HR@qatar.tamu.edu or +974-4423-0030

3.1.2 Students: Students should contact the respective Disability Resources or Disability Services Office
   3.1.2.1 TAMU - disability@tamu.edu or 979-845-1637
   3.1.2.2 TAMUG – Studentservices@tamu.edu or 409-740-4736
   3.1.2.3 TAMUQ – stephen.wilson@qatar.tamu.edu or +974-4423-0047

3.1.3 Visitors: Visitors (unrelated third parties) should contact the university sponsor of the event/activity.

3.1.4 Volunteers: Volunteers should contact the Department Head or Unit Head in the area where they are volunteering.

3.2 Employees:
   3.2.1 Faculty and staff should submit requests for reasonable accommodation to their department HR Liaison or supervisor as directed below.

4. PROCEDURE FOR EMPLOYEES

4.1 Requesting a reasonable accommodation

Employees must submit the request for a workplace accommodation either in writing or verbally to either the employee’s supervisor or HR Liaison. The
following documentation is needed to support each reasonable accommodation request:

- *ADA Request for Accommodation Form*; and
- *Medical Certification Form* or if the employee elects to not use this form, the medical provider must submit written documentation that includes the same information as requested on this form. This information must be complete and provide clear information so that the request may be properly evaluated.

Employees needing assistance with completing forms may contact their supervisor, HR Liaison, or OCRM.

4.2 Interactive process

4.2.1 The HR Liaison and supervisor must engage in discussions with the employee regarding the accommodation requested, essential job duties, functional limitations included in the documentation, range of possible accommodations, etc. This process will also include, at times, OCRM and the ADA Coordinator.

4.3 Assessment of a reasonable accommodation request

4.3.1 Once the completed ADA Request for Accommodation Form and the Medical Certification Form (noted in section 4.1), or other acceptable documentation is received, the HR Liaison and supervisor will:

4.3.1.1 Engage in the interactive process with the employee;

4.3.1.2 Review the documentation to determine if the requested accommodation is reasonable;

4.3.1.3 Send a copy of these forms to OCRM;

4.3.1.4 Work with OCRM to review accommodations requested and/or any alternate accommodations;

4.3.1.5 If the employee or medical provider submits incomplete or unclear documentation, work with OCRM who will draft clarifying questions for the medical provider. OCRM will then contact the medical provider and ask the questions or request the employee to submit the questions to the medical provider for completion; and

4.3.1.6 OCRM reserves the right to request a second opinion from a medical provider selected by the University.

4.4 The following factors will be considered in determining whether to grant an accommodation:

4.4.1.1 Is the employee a person with a Disability as defined by System Regulation 08.01.02;

4.4.1.2 Is the employee a Qualified Individual with a disability as defined in System Regulation 08.01.02;

4.4.1.3 Does the information submitted establish a link between the disability and the accommodation requested;
4.4.1.4 What is the extent that job functions are limited by the individual’s
disability;
4.4.1.5 What are the essential and non-essential functions of the employee’s
current job;
4.4.1.6 What is the range of options available to accommodate the
disability;
4.4.1.7 Will the requested accommodation be effective in allowing the
employee to perform the essential functions of their current position;
4.4.1.8 Will an alternate accommodation be effective in allowing the
employee to perform the essential functions of their current position;
4.4.1.9 Will providing an accommodation that allows the employee to
perform the essential functions of their current job create an undue
hardship for the University;
4.4.1.10 Does the accommodation pose a direct threat to the
employee or others; and
4.4.1.11 Any other factors relevant to the determination.

4.5 **Determination of accommodations and notice**

4.5.1 OCRM will determine the effective accommodation(s).
4.5.2 If an accommodation is granted, the HR Liaison will fill out an *ADA
Accommodation Summary & Response Form* and notify the employee, the
employee’s supervisor, OCRM and *others in need of this information* in
writing. Notifications should include what accommodations have been
granted and when the accommodation(s) is expected to be provided. The
department and supervisor will take the necessary steps to put the
accommodation in place and are responsible for funding the
accommodation.

4.5.3 If an accommodation is going to be denied, the HR Liaison or supervisor
must notify OCRM of the reason for the denial. OCRM will obtain approval
of the denial from the ADA Coordinator before a written determination is
issued by the department to the employee.

4.5.3.1 OCRM will submit an *ADA Accommodation Summary & Response
Form* to the ADA Coordinator for review. This review may result
in a request for OCRM to re-evaluate the requested accommodation
or consider other alternate accommodations.

4.5.3.2 Denials of a requested accommodation will be approved by the
ADA Coordinator under circumstances including, but not limited to,
the following:

4.5.3.2.1 The requested accommodation poses an undue hardship on
the operations of the University;
4.5.3.2.2 The requested accommodation is a personal item which is
used for accomplishing daily activities both on or off the
job (examples prosthetic limbs, wheelchairs, hearing aids);
4.5.3.2.3 The requested accommodation would require eliminating
or changing the essential functions of the employee’s
current job;
4.5.3.2.4 The employee failed to participate in the interactive process, to provide or release medication information needed to make the accommodation determination, or to submit other information as needed by the University;

4.5.3.2.5 The requested accommodation will not enable the employee to perform the essential functions of their job;

4.5.3.2.6 The requested accommodation or the employee’s use of that accommodation would result in a direct threat to the health and safety of the employee or others;

4.5.3.2.7 There is no known accommodation which would allow the employee to do the essential functions of the job; and/or

4.5.3.2.8 The requested accommodation is not supported by the medical documentation.

5. RECORDKEEPING AND REPORTING

5.1 Documentation and forms related to the request for accommodation will be maintained in the employee’s confidential medical file.

6. COMPLAINTS

6.1 Complaints alleging illegal discrimination, harassment, or related retaliation on the basis of disability will be handled in accordance with provisions of System Regulation 08.01.01, Civil Rights Compliance and associated University Rules and SAPs.

Related Statutes, Policies, Rules and SAPs

System Policy 08.01, Civil Rights Protections and Compliance

System Regulation 08.01.01, Civil Rights Compliance

System Regulation 08.01.02, Civil Rights Protections for Individuals with Disabilities

University Rule 08.01.01.M1, Prohibited Conduct: Discrimination, Harassment, Complicity, and Related Retaliation based on a Protected Characteristic

SAP 08.01.01.M1.01, Investigation and Resolution of Allegations of Prohibited Conduct against Students, Employees, and Third Parties

SAP 29.01.04.M1.01, Web Accessibility and Usability Procedures (including Linking and Indexing)

SAP 33.06.01.M0.01, Alternate Work Location for Nonfaculty Employees
Appendix

Other guidance and resources can be found at https://urc.tamu.edu/ada/

Forms

ADA Request for Accommodation Form
ADA Accommodation Summary & Response Form
ADA – Medical Certification Form
ADA Accommodation Discussion Notes Form

Contact Offices

Department of Organizational Consulting & Resolution Management in the Division of Human Resources and Organizational Effectiveness
(979) 862-4027
ocrm@tamu.edu

ADA Coordinator
(979) 845-8116
ADACoordinator@tamu.edu
**ADA – Accommodation Discussion Notes**

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact ocrm@tamu.edu or (979) 862-4027.

**INSTRUCTIONS** This form is used to document discussions with the employee and HR Liaison, supervisor, and/or others regarding inquiries or requests for reasonable accommodations to perform the essential functions System Regulation 08.01.02 Civil Rights Protections for Individuals with Disabilities.

<table>
<thead>
<tr>
<th>Employee Name (print)</th>
<th>UIN</th>
<th>Date</th>
</tr>
</thead>
</table>

**Is this discussion occurring before or after accommodation was provided:**

- [ ] before
- [ ] after
- [ ] other ____________________________________________

**Method of communication:**

- [ ] phone
- [ ] in person
- [ ] Other/email, etc.____________________________________

**Summary of discussion/interaction:**

**Action to be taken and due date:**

**Individuals involved in the interactive process:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employee Signature**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Department Signature**

<table>
<thead>
<tr>
<th>(Name and Title)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NEED HELP?**

Organizational Consulting & Resolution Management
Phone 979.862.4027 ocrm@tamu.edu

**DFEDEPARTMENT**

Maintain Form in a separate confidential Medical File

08.01.02.M0.01, Reasonable Accommodation Requests under the ADA Page 7 of 7