

## ADA Policy

Fargo Public Schools is committed to providing equal opportunity to both applicants for employment and employees with disabilities, as defined by law, by providing reasonable accommodations. To fulfill this commitment, Fargo Public Schools has established the following guidelines.

### **APPLICANTS for Employment:**

Applicants for employment who have a disability may request reasonable accommodation at any time during the application process. Requests for accommodation shall be made to the Human Capital Department.

### **EMPLOYEES:**

An employee whose disability requires reasonable accommodation in order to perform the essential functions of their job may request reasonable accommodations at any time during their employment. However, in all instances the request for reasonable accommodation shall be made through the Human Capital Department. The response will be in writing. Supervisors receiving requests for accommodation from employees shall direct the employee to contact Human Capital.

#### *Process for Addressing Requests for Accommodation*

- Accommodation requests shall be made by the employee either in-person or in-writing to the Human Capital Department. .
- Following the request, the employee shall provide to the Human Capital Department written documentation of a disability from an appropriately certified or licensed health care or rehabilitation professional in a relevant field of the disability and explain the need for reasonable accommodation using the form below. To ensure a timely response from Human Capital , it is recommended that the employee submit the documentation (form) within ten working days of the employee's request.
- Documentation provided by an employee should include the following:
  - A statement identifying the disability, the date of the current diagnostic evaluation and the date of the original diagnosis, including diagnostic criteria and/or tests used.
  - A description of the current functional impact of the disability.
  - Treatments, medications, assistive devices/services currently prescribed or in use.
  - A description of the expected progression or stability of the impact of the disability over time.
  - The relevant credentials of the diagnosing professional(s) such as medical specialties or professional licensure.
  - All written documentation provided by an employee requesting accommodation will be maintained in a confidential file separate from the employee's official personnel file in the Human Capital Department.

Occasionally, the documentation provided by the employee may not be sufficient to make a determination of the appropriate reasonable accommodation. In such a circumstance, the District may require the employee to go to a healthcare professional of the District's choice in order to adequately document the need for accommodation and identify appropriate accommodations. Any medical examination required under these circumstances will be limited to determining the existence of a disability and the functional limitations that require reasonable accommodation.

The determination of a reasonable accommodation shall be an interactive process involving the employee, Human Capital, and relevant administrative personnel. The District may provide an alternative to the requested accommodation so long as it is effective in removing the workplace barrier(s) that impede(s) the employee with the disability. The employee may refuse an alternative reasonable accommodation, but such refusal may mean the individual may not be able to perform the essential functions of the job.

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# Fargo Public Schools

1. Complete the top portion of this form.

2. Attach a copy of your current job description

Please complete both sides of this form as fully as possible in order to assist Fargo Public Schools in responding to this employee's request for an appropriate and reasonable accommodation based on disability. Attach additional information, if necessary.

1. Identify this employee's disability (or disabilities) and indicate the date of the current diagnostic evaluation, the date of the original diagnosis, and any diagnostic criteria and/or tests used.

2. Describe the functional impact of the disability or disabilities in terms of the employee's current position (position description should be attached).

3. Identify the treatments, medications, assistive devices/services currently prescribed or in use.

4. Describe the expected progression or stability of the impact of the disability over time.
  
  
  
  
  
  
  
  
  
  
5. Provide a brief description of the relevant professional credentials (medical specialization, licensure, etc.) of the health care or rehabilitation professional providing this information.

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Health care or rehabilitation professional providing this information (PLEASE PRINT).

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Signature of health care/rehabilitation professional

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Date