

## **RULE 21**

### **21.0 – AMERICANS WITH DISABILITIES ACT**

**21.1** – The City is committed to complying with all applicable provisions of the Americans With Disabilities Act (ADA), the Florida Civil Rights Act, and all other applicable laws and ordinances. It is the City’s policy not to discriminate on the basis of disability against a qualified individual with a disability, as recognized by applicable law, with regard to recruitment, hiring, training, promotion, compensation, benefits or any other term, condition or privilege of employment.

A qualified individual is one who meets the skills, experience, education and other job-related requirements of a position held or desired, and who can perform the essential functions of the position, with or without reasonable accommodation.

For purposes of this policy, essential functions are the fundamental job duties of the position the individual with a disability holds or desires, and do not include the marginal duties of the position. The City will not eliminate essential job functions. Factors considered in determining an essential job function include, but are not limited to: (a) whether the position exists to perform the function; (b) the number of other employees available to perform the function; (c) the degree of expertise or skill required to perform the function; (d) time spent performing the function; (e) the consequences of not requiring someone in the job to perform the function; and (f) the actual experience of employees (current and former) in the job.

**21.2** - Consistent with this non-discrimination policy, the City will provide reasonable accommodation to a qualified applicant or employee with a covered disability who makes the City aware of such disability and of the need for accommodation, unless doing so creates an undue hardship to the City or the individual poses a direct threat to the health or safety of other individuals in the workplace.

An applicant who believes that he/she needs a reasonable accommodation for the recruitment and hiring process, or to perform the essential functions of the job for which he/she is applying, should contact the Human Resources Department. The City may request that the applicant complete the “Accommodation Request Form” to provide the City with information concerning the applicant’s medical condition and accommodation request.

An employee with a disability who believes that he/she needs a reasonable accommodation to perform the essential functions of the job, to access the work environment or to access a benefit or privilege of employment should submit a completed “Accommodation Request Form” to his/her manager or director or to the Human Resources Department. An employee may also make a verbal request for accommodation to any of the above listed individuals. In the event of a verbal request, the City may request that the employee complete the “Accommodation Request Form” to provide the City with information concerning the employee’s medical condition and accommodation request.

The review process for determining a potential reasonable accommodation(s) is intended to be an individualized, flexible and interactive process. As part of this process, the City may request that the applicant or employee provide specified information from his/her health care provider using the City's "Request for Information from Health Care Provider" form.

The City will notify the employee or applicant as to whether the accommodation request is approved or denied. If there is more than one possible effective accommodation, the City will make the final decision as to which accommodation to provide to the employee or applicant. The City will consider, but is not required to approve, the employee's or applicant's preferred accommodation.

The City may conduct a re-evaluation of an approved and existing accommodation to determine if the accommodation is effective, reasonable and not causing a direct threat or undue hardship, and to determine whether there is a continuing need for the accommodation (e.g., time period for accommodation in medical certification expired, employee has a change in medical condition or work conditions), or for other appropriate reasons as determined by the City. The re-evaluation will be conducted in accordance with this policy. As part of the re-evaluation process, the City may request that the employee provide an updated health care provider certification and Request for Accommodation form.

**21.3** - Any employee or applicant who feels that he/she has not been treated in accordance with this policy may file a complaint pursuant to the reporting procedure set forth in Rule 27.3. The City prohibits and will not tolerate retaliation against an employee or applicant who requests a reasonable accommodation or makes a good faith complaint under this policy.

Violations of this policy may result in appropriate disciplinary action, up to and including termination from employment.



## REQUEST FOR REASONABLE ACCOMMODATION FORM

**If you need assistance in completing this form or need to provide the requested information in an alternative format (such as verbally or with a larger font), please contact the Human Resources Department.**

**PLEASE FILL OUT COMPLETELY AND RETURN TO THE HUMAN RESOURCES DEPARTMENT.**

**Name:** \_\_\_\_\_  
*Last Name* *First Name*

**Position Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Manager/Supervisor:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

1. What is the nature of your medical condition or impairment? Please see "NOTE" below.

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

**NOTE:** You do not need to answer Question 1 if you previously provided medical information showing that your medical condition or impairment is a disability, or if you have a disability that is obvious or already known to the Human Resources Department. A disability is obvious or already known when it is clearly visible (e.g., blindness, deafness, missing limb).

2. What activity or activities does your medical condition or impairment limit?

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3. Is this a permanent or temporary condition or impairment? If temporary, what is the expected duration?

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4. Accommodation requested for: (*check one*)

- Application process
- Performing a job function
- Accessing the work environment
- Accessing a privilege or benefit of employment (e.g., attending a training program or social event)

5. What limitation is interfering with your ability to perform a job function, to access the work environment, or to access a privilege or benefit of employment? Be as specific as possible. (NOTE: *This question is only for employees, not applicants*)

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6. Describe the accommodation(s) you are requesting. Be specific as possible.

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7. Is your accommodation request time sensitive?  No  Yes *If "Yes", please explain:*

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8. If you are unsure of what accommodation may be needed, please provide any suggestions you may have about options we can explore with you.

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**VERIFICATION**

I verify that the information provided in this Request for Reasonable Accommodation form is complete and accurate to the best of my knowledge.

I agree to accept correspondence and inquiries concerning my accommodation request on my personal email address and cell phone.

I understand that my request for accommodation may not be granted if it is not reasonable, if it creates an undue hardship on the City, or if it imposes a direct threat to the health and safety of myself or others in the workplace.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE: The completed form will be maintained by the Human Resources Department and will not be placed in your personnel file. The completed form and any additional information provided (included any health care provider certification) will be kept confidential, except as needed to address your accommodation request.*

**Human Resources Use Only:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_