

## **Americans with Disabilities Act Communication Tool**

*The purpose of this document is to inform employees about the HCPS process for requesting reasonable accommodations in employment under the ADA.*

### **Laws<sup>1</sup>**

#### **Americans with Disabilities Act**

*42 United States Code (U.S.C.) Section 12101 to 12103 and 12111 to 12117*

The Americans with Disabilities Act (ADA) prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The ADA covers employers with 15 or more employees, including state, local government, and Harford County Public Schools (HCPS).

A qualified employee with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. The determination of whether any particular condition is considered a disability is made on a case-by-case basis.

A reasonable accommodation is defined under the ADA as a modification or adjustment to a job, the work environment, or the way things are usually done during the hiring process. Accommodations are considered “reasonable” if they do not create an undue hardship or a direct threat.

#### **The Reasonable Accommodations for Disabilities Due to Pregnancy Act**

*Maryland State Government Article, Section §20-609*

The Reasonable Accommodations for Disabilities Due to Pregnancy Act requires that a Maryland employer with 15 or more employees provide reasonable accommodations for employees who give notice of a disability “caused or contributed to by pregnancy.” A reasonable accommodation is an accommodation that does not impose an undue hardship on the employer.

### **Procedures**

- [Reasonable Accommodations and Service Animals under the Americans with Disabilities Act](#)
- [Complaint Procedures for Violations of the Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973 and their Implementing Regulations](#)

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<sup>1</sup> The laws cited are not a complete list of all laws which may relate to disability discrimination

## **Process**

- 1) Any employee who wishes to make a request for an ADA accommodation relating to his/her employment with HCPS should provide a written or verbal request to the Risk Management Office.
- 2) After a written request for accommodation has been received, an HCPS ADA medical questionnaire for the employee's physician will be requested for completion unless the need for an accommodation is obvious. Risk Management may consult with the requestor and their supervisor as part of the decision-making process.
- 3) This is an interactive process whereby the timeline for resolution will depend on the nature of the accommodation. A written decision from the Risk Management Office will clearly state the status of the request for accommodation, and whether a request may be approved, approved with modifications, or denied.
- 4) Should an individual contest the determinations of the Risk Management Office, an informal resolution shall be conducted. This may involve a request for further information, a review by a designated committee, or further investigation. Please reference board policy "Complaint Procedures for Violations of the Americans with Disabilities Act."

## **Confidentiality**

Personal medical information provided to Harford County Public Schools Risk Management Office is treated as confidential. Information is kept in a medical file separate from the personnel file and is filed in a secured location accessible only to designated staff. Information may be released to supervisors in terms of work restrictions/ accommodations, emergency personnel when accommodations impact emergency management, government ADA compliance officials, and workers' compensation administrators in accordance with state laws. All other release of medical information requires written permission of the employee, a court order, or order from an agency with the authority to compel compliance.

**Employee Request for Accommodation  
under the Americans with Disabilities Act**

Employee Name: \_\_\_\_\_

School/Dept: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Describe the nature of your disability for which you are seeking an accommodation:

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Describe the specific accommodation you are seeking as a result of your disability:

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

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

*To be completed by a medical professional:*

## ADA Medical Questionnaire

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

An employee for the Harford County Public School System (HCPS) has requested an accommodation for a medical condition, under the Americans with Disabilities Act (ADA). To assist HCPS in evaluating this request for accommodation, please answer the following questions with specific detail. The information you provide will be confidential and used only to evaluate the employee's request for accommodation.

1) Have you examined the employee for a medical condition?  Yes  No

Date of most recent examination: \_\_\_\_\_

2) Does the employee have a physical or mental impairment?  Yes  No

If you answered "yes" to question 2:

i) Please identify the specific physical or mental impairment (diagnosis):

\_\_\_\_\_

ii) Is the impairment  Long-term lasting through \_\_\_\_\_ (Time period or date), or  
 Permanent

iii) Does the above-identified impairment substantially limit a major life activity of the employee?  Yes  No

(1) If yes, please describe what major life activity or activities are affected?

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

iv) Does the above-identified impairment impact the ability of the employee to perform essential job functions?  
 Yes  No

(1) If yes, in what specific way(s) and to what extent, does the impairment affect his ability to perform the essential functions of his job? (See attached job description).

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3) Please state any recommendations regarding possible accommodations to assist the employee in performing the essential functions of his/her job.

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i) How would your suggestion assist the employee in his/her ability to perform the job functions?

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4) Additional Comments:

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Physician's Name (Please print): \_\_\_\_\_

Medical Field: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this ADA Medical Questionnaire. Please return the completed form to Julie Uehlein, Risk Manager, HCPS, 102 South Hickory Ave., Bel Air, Md. 21014 within 15 days, or fax it to (410) 809-6152.