

## **ACCOMMODATION POLICY**

St. Clair County Intergovernmental Grants Department (“IGD”) is committed to providing equal training opportunities to individuals with disabilities, those regarded as having disabilities and those associated with individuals with disabilities. Accordingly, we do not discriminate against qualified individuals with disabilities in regard to application procedures, acceptance into training programs, completion of training programs, assistance in locating employment opportunities or other terms, conditions or procedures regarding the job training program. IGD complies with all federal, state, and local laws concerning the employment of persons with disabilities.

IGD’s Workforce Development Group, administrator of Workforce Innovation and Opportunity Act (WIOA) services, is obligated to provide reasonable accommodation and reasonable modification to policies, practices or procedures for qualified individuals with disabilities. IGD will engage in the interactive process to find reasonable accommodation for qualified individuals with a disability (as defined by the Americans with Disabilities Act and/or applicable federal or state law) to enable them to perform the essential functions participation in the program, unless doing so causes an undue hardship to IGD or fundamentally alters the nature of the service, program, or activity of IGD’s Workforce Development Group. Individuals who believe they may require an accommodation should contact the Field Office Supervisor at 618-277-8790.

### **Interactive Process**

IGD is obligated to and will engage in an interactive accommodation process in response to an accommodation request. The Field Office Supervisor (or his/her designee) will work directly with the requesting party via telephone, email, or other appropriate methods of communication and may contact the requesting party’s health care provider or other third parties (e.g., rehabilitation counselors) to determine whether the requesting party is entitled to a reasonable accommodation and whether such an accommodation exists or would pose an undue hardship to IGD. IGD will consider the following factors to determine whether an accommodation would impose an undue hardship: the overall financial resources of IGD, the number of persons aided, benefited, served or trained by the IGD, the effect the accommodation would have on the expenses and resources of the facility, the type and location of IGD’s facilities, the impact of the accommodation on the facility or program, the impact on the ability of other participants to receive aid, benefits, services, or training, or of other employees to perform their duties and the impact on the IGD’s ability to carry out its mission.

The requesting party must cooperate fully in the interactive accommodation process, including providing relevant information and any required HIPAA consent allowing the Field Office Supervisor (or his/her designee) to contact and obtain information from the individual’s health care provider. Failure to cooperate in the interactive process may result in the denial of an accommodation request.

The accommodation process involves a case-by-case analysis. An accommodation that is reasonable under one set of circumstances may not be reasonable under different circumstances. Furthermore, an accommodation granted should not be considered permanent, for changes in business conditions and other relevant circumstances can render unreasonable a previously granted

accommodation, in which case the Field Office Supervisor (or his/her designee) will re-engage in the interactive process to determine whether it can offer a different accommodation.

By way of example, the following accommodations (among many others) might be reasonable, depending on the circumstances: modifications to the application process, providing special equipment or devices to perform apply and engage in the program, modifying a schedule, and/or providing a short-term leave of absence. Notably, however, eliminating the essential functions of participation in the program will never constitute a reasonable accommodation. Furthermore, where more than one potential reasonable accommodation exists, IGD retains the sole discretion to determine which accommodation(s) it will offer.

If a requested accommodation would result in an undue hardship or would fundamentally alter the nature of the services, programs, or activities of IGD, IGD will, after consultation with the applicant or participant make other accommodations that would not result in an undue hardship.

Any employee who believes he or she has experienced or witnessed any conduct in violation of this policy should report that violation immediately to the Field Office Supervisor or IGD WIOA EO Officer.

IGD will conduct an investigation of any report and will take whatever corrective action necessary according to its investigation to preserve its policy, up to and including termination of employment. IGD cannot guarantee confidentiality of any report under this policy, but it will maintain the confidentiality of any such report to the maximum extent possible in light of its investigation commitment.

In the event that IGD denies the accommodation, IGD will fill out the form attached as Exhibit A and provide a copy to the applicant.

IGD prohibits retaliation against anyone for reporting this policy in good faith, for assisting in making a discrimination/harassment complaint under this or any other policy in good faith, or for cooperating in a discrimination/harassment investigation in good faith.

Any applicant or participant in the WIOA program who believes he/she has experienced or witnessed any conduct in violation of this policy should report that violation immediately to the IGD WIOA EO Officer.

The IGD WIOA EO Officer will conduct an investigation of any such report and will take whatever corrective action necessary according to its investigation to preserve its policy, up to and including termination of employment.

**EXHIBIT A**

**DENIAL OF REQUEST FOR ACCOMMODATION**

**APPLICANT/EMPLOYEE INFORMATION**

Applicant or Employee Name:

Department:

**REQUEST FOR ACCOMMODATION**

Employee's Preferred Accommodation: \_\_\_\_\_

Accommodation Request Denied for the Following Reasons (*check all that apply*):

- Provided medical documentation was inadequate to substantiate employee/applicant's disability under applicable federal, state or local law.
- Provided medical documentation was inadequate to substantiate the need for an accommodation.
- Accommodation is not reasonable.
- Providing the requested accommodation would cause an undue hardship.
- Providing the requested accommodation would alter the nature of the service, program, or activity of IGD WIOA program.
- Alternative accommodation was offered, but rejected
- Other (please specify) \_\_\_\_\_

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Provide specific details of the reason for the denial of the accommodation. For example, state the reason that the accommodation is not reasonable, poses an undue hardship or would alter the nature of the service, program or activity of IGD or state the reason the employee's documentation was insufficient.

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If an alternative accommodation was offered in lieu of the requested accommodation, specify the alternative accommodation offered, why the alternative recommendation is believed to be effective, the date that it was presented to employee/applicant and employee/applicant's response.

**IGD INFORMATION**

Name and Title of IGD Representative:

Signature:

Date:

**NOTICE TO EMPLOYEE**

Date:

Delivery Method:

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