

MISSISSIPPI STATE UNIVERSITY
THE AMERICANS WITH DISABILITY ACT (ADA)
REASONABLE ACCOMMODATION
IN EMPLOYMENT

PURPOSE

The Americans with Disabilities Act of 1990 (ADA) prohibits employers from discriminating against "otherwise qualified disabled individuals" in hiring, advancement, discharge, compensation, training, and other terms, conditions and privileges of employment (such as job assignment, return from layoff, leaves of absence, selection for professional meetings or conferences, and participation in employer-sponsored social or recreational opportunities). Mississippi State University is required by this law to provide reasonable accommodation to qualified employees with disabilities. The regulations implementing the law in this area are issued by the U. S. Equal Employment Opportunity Commission (EEOC). For more information about the EEOC's role, visit www.eeoc.gov. Also see ADA Homepage: <http://www.usdoj.gov/crt/ada/adahom1.htm>

POLICY

It is the policy of the University to make a reasonable accommodation for a person with a disability, if requested and appropriate, unless doing so will result in undue hardship to the University.

PROCEDURE

Reasonable Accommodation

Reasonable accommodation can apply to the duties of the job, and/or where and how job tasks are performed. Individuals who need reasonable accommodation are responsible for making their needs known. Mississippi State University and the individual will engage in an interactive process to clarify individual needs and identify the appropriate reasonable accommodation.

The Office of Diversity and Equity Programs (ODEP) is responsible for providing technical advice and assistance regarding reasonable accommodation issues to applicants, managers and Human Resources professionals. If you are seeking information regarding reasonable accommodation, and you are an applicant or a current employee of Mississippi State University, there is contact information and guidance on the following website:

<http://www.msstate.edu/president/odep/index.php>

REVIEW

This policy and procedure will be reviewed by the Director of Diversity and Equity Programs at a minimum of every four years or as needed.

OP # 03.05
Effective 08/01/2007

NOTE - THIS POLICY HAS BEEN SUPERSEDED

MSU DISABILITY ACCOMMODATION REQUEST FORM

Instructions: This form must be completed if you are requesting accommodations under ADA.

(Please attach additional pages if necessary)

PART A: (To be completed by the individual requesting accommodation)

Name: _____ MSU ID _____

Address _____

Work Phone _____ Home Phone _____

Faculty/Academic Staff Student Employee Visitor Other _____

REQUEST FOR REASONABLE ACCOMMODATION: I need an accommodation for the reasons stated below (List essential function (s) that cannot be fully performed, and/or job-related functional limitations):

I am requesting the following accommodation (list possible devices, equipment, or alternative methods/procedures):

Requestor's Signature _____ Date _____

Classification Rank/Title _____ Position # _____
(for job applicant's only)

Department/Division _____ Campus _____

Supervisor's Name _____ Phone _____
(for current employees only)

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PART B: ASSESSMENT AND RESOURCES/CONSULTANTS USED (to be completed by requestor's supervisor). Summarize actions taken to confirm essential functions, secure relevant medical information, identify equipment/devices needed, and develop alternatives.

PART C: DISCUSSION/REVIEW OF ALTERNATIVES (to be completed by requestor's supervisor). A meeting was held on _____ between the supervisor and the requestor to discuss potential solutions. Proposed accommodation (s) discussed were:

List the names and positions of individuals attending the meeting.

PART D: FINAL DISCUSSION (to be completed by requestor's supervisor). When/how accommodation (s)/modification (s) will take place. Or, if denied, explain fully.

Approved Denied Modified Estimated cost of the accommodation \$ _____

Supervisor's signature: _____ Date: _____

Requestor's signature: I agree with the accommodation (s) provided: _____

Form Reviewed by HRM: _____ Date: _____

Form Reviewed by ODEP: _____ Date: _____

Distribution of copies:

1. Diversity and Equity Programs (original)
2. Human Resources Management
3. Supervisor/Unit Administrator
4. Employee/Requestor

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