

MOUNT VERNON NAZARENE UNIVERSITY  
EQUAL EMPLOYMENT FOR INDIVIDUALS WITH  
DISABILITIES

Applies to: Faculty and Staff

**A. Policy Guidelines**

It is the policy of Mount Vernon Nazarene University that employment discrimination against qualified individuals with disabilities is prohibited. Pursuant to Titles I and II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, the University provides equal employment opportunities and reasonable accommodation for qualified individuals with disabilities.

**B. Regulations**

1. It is a violation of University policy to discriminate in employment against a qualified person, in regard to any employment practice or term, condition and privilege of employment, because that person currently has a disability or because the person had a disability but no longer has the impairment, or because the person is regarded as having a disability. It is also a violation of this policy to deny an employment opportunity or benefit or otherwise discriminate against an individual, whether or not that individual has a disability, because that person has a known relationship or association with a person who has a disability. This prohibition applies to job application procedures, hiring, advancement or discharge of employees, employee compensation, job training, and all other terms and condition of employment.
2. Essential job functions are based on an assessment of each position. It is University policy to determine whether the person with a disability can perform these functions unaided or with reasonable accommodation based on an individualized inquiry.
3. It is against University policy to use qualification standards or selective criteria which would screen out or tend to screen out individuals with disabilities unless such measures are both job-related and necessary to safe operation of the University. A disability will not be deemed to pose a threat to the safety of the University unless it creates a significant risk of substantial harm to the health or safety of the disabled individual or to others in the workplace.
4. The affirmative obligation to provide reasonable accommodation applies to individuals seeking employment with the University as well as to current employees who become disabled while employed with the University.
5. The University is not obligated to provide, nor will it provide, any personal use items such as, but not limited to, glasses or hearing aids.

**C. Responsibilities**

1. The Human Resources Department is responsible for the coordination and implementation of this policy and these guidelines.
2. Each vice president, dean, director, department chair and/or administrative officer of the University shall assist the Office of Human Resources in the implementation and dissemination of this policy. Such officials are responsible for assuring compliance with this policy, and will require yearly training on the policy.
3. It is the obligation of every faculty and staff member to adhere to this policy.

## **D. Definitions**

For purposes of this policy and guidelines, the following definitions apply:

1. “Disability” – a physical or mental impairment that substantially limits one or more of the major life activities of an individual or a record of such an impairment or being regarded as having such an impairment. Disabilities covered by legislation include, but are not limited to: AIDS, cancer, cerebral palsy, diabetes, epilepsy, head injuries, hearing impairments, specific learning disabilities, loss of limbs, multiple sclerosis, muscular dystrophy, psychiatric disorders, speech impairments, spinal cord injuries, and visual impairments. Temporary, non-chronic conditions such as broken limbs, influenza, and pregnancy are not disabilities unless accompanied by severe complications.
2. “Qualified individual with a disability” – an individual with a disability who, with or without reasonable accommodation, can perform essential functions of the employment position that such individual holds or desires.
3. “Essential job functions” – those functions actually performed in the job, the removal of which would fundamentally alter the position. To determine whether a function is essential, it must be determined whether the position exists to perform that function, and whether there are other employees available to share that function, as well as the degree of expertise required to perform the function.
4. “Reasonable Accommodation” - a modification or adjustment to a job, the work environment, or the way things are done that enables a qualified individual with a disability to perform essential job functions. Such accommodation is required unless it poses an undue hardship on the employer. The determination of which accommodation is reasonable in a particular situation involves a process in which the employee’s department supervisor, Human Resources Department, Disability Services Coordinator, and the employee identify the precise limitations imposed by the disability and explore potential accommodations that would overcome those limitations.
5. “Undue Hardship” – any accommodation which would require significant difficulty or expense, when considered in light of factors such as the University’s size and financial resources.
6. “Major Life Activities” – include caring for one’s self, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, speaking, breathing, learning, and working. This list is not exhaustive.
7. “Substantially Limits” – an impairment is substantially limiting if it significantly restricts the duration, manner, or condition under which an individual can perform a particular life activity as compared to the average persona in the general population’s ability to perform the same major life activity.

## **E. Clarification**

1. This document is to provide guidelines that assure qualified employees effective participation in the Mount Vernon Nazarene University work environment. The procedures and policies herein are in accordance with federally mandated laws and legal precedents. They are designed to be used by faculty, staff, and administrators in determining and implementing the proper procedures and accommodations.
2. An accommodation is a modification determined by the employee’s supervisor, the Human Resources Department, the Disability Services Coordinator, and the employee. Modifications are designed to minimize the impact of the disability and maximize the work experience.

3. Providing accommodations for employees with disabilities, who have self-identified or who are known to have a disability, is the legal responsibility of Mount Vernon Nazarene University Administration.
4. Be aware that not all employees with disabilities require accommodations. Mount Vernon Nazarene University is only responsible for providing accommodations to employees who are eligible as determined by the Human Resources Department and have made their request known to the department.
5. In line with the mission of Mount Vernon Nazarene University and as mandated by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, it is the responsibility of the Human Resources Department to provide positive work experience for qualified individuals with disabilities through equal access, support, resources, and advocacy. In addition, the Human Resources Department will work in advisory capacity with managers and supervisors in an effort to develop reasonable accommodations that allow employees with disabilities to fully participate in all eligible work experiences offered by Mount Vernon Nazarene University.

## **F. PROCESS FOR APPLICATION AND DETERMINATION OF ACCOMMODATIONS**

The process for determining reasonable accommodation is interactive, involving the supervisor, the Disability Services Coordinator, the employee or applicant, and other appropriate individuals as needed.

1. The employee or applicant requesting the accommodation has the responsibility to initiate the request for the accommodation by discussing the need with the department supervisor or Human Resources Department, and submitting the request in writing using the Reasonable Accommodation Request Form and Verification of Disability Form.

### **a. Eligibility Verification**

Eligibility for disability accommodations at Mount Vernon Nazarene University is dependant upon the nature of the disability, and its impact on job expectations and major life activities. The individual must be able to perform the essential functions of the job, with or without a reasonable accommodation. Upon notification of a disability by the employee, a Verification of Disability Form will be completed and placed in the confidential file maintained in the Human Resources Department.

### **b. Documentation Guidelines**

Employees who request special accommodations for disabilities must have current documentation of disability on file in the office of Human Resources (separate from the personnel file in the office of Human Resources) from a qualified professional, such as a licensed counselor, psychologist, psychiatrist, or physician. The documentation should contain the following:

- Date(s) of Evaluation
- Diagnosis
- Reference to the types of evaluation procedures utilized
- Evaluation results and/or test scores (as appropriate)
- Specific functional limitation related to the Mount Vernon Nazarene University working environment
- The current course of treatment
- Prognosis of the disability
- Recommendations for accommodations, which are helpful in assisting institutional personnel in determining appropriate and necessary support

- An accurate and current picture of how the disability impacts the employee at the present time, and thus in most cases, the documentation should be less than five years old
- 2. The Director of Human Resources, in consultation with the supervisor, the Disability Services Coordinator, and the Vice President of Finance and Management, will review the requested accommodation to determine if the request poses an undue hardship to the institution.
- 3. The Assignment of Accommodation Form (completed by the Director of Human Resources with consultation of the supervisor and the Disability Services Coordinator) will specify the accommodation(s) MVNU will provide for the employee. This form will be placed in the employee disability file.

**NOTE:** All medical information obtained throughout the determination process is considered a “confidential medical record,” and must be kept confidential by all parties involved, who will provide only information about necessary restrictions and accommodations to managers and supervisors. All medical information and the completed Reasonable Accommodations Request Form will be kept by the Human Resources Department as confidential medical records files, separate from personnel records.

- 4. The Human Resources Department shall inform the employee of its initial decision regarding the request, in writing, within (20) working days. If the twenty (20) working day limit cannot be met, the Human Resources Department will confer with the employee to agree on a reasonable time limit, and the Human Resources Department shall inform the employee in writing about the extension of time.
- 5. The Human Resources Department shall inform the employee of its decision to honor or deny the request in writing. When an accommodation request is denied, the Human Resources Department shall attach a copy of the Appeal Process to the copy of the letter sent to the employee.
- 6. The employee and/or the department may appeal a denial of the decision of the Director of Human Resources to the Disability Appeals Panel. The Disability Appeals Panel (DAP) shall consist of the Vice President for Finance and Management (chair), the Disability Services Coordinator, the Mid-level Manager of the employee’s department, and the supervisor.

## **G. Grievances and the Appeal Process**

### **1. Resolution of Grievances**

- a. If a qualified employee with a disability has reason to believe that he/she has been discriminated against in employment practices at MVNU, first he/she is encouraged to attempt a resolution of the concerns independently by initiating a meeting with the staff member, faculty member, administrator, or student with whom there is a concern or disagreement. Many times when both parties have the advantage of directly sharing their concerns, the matter can be resolved without further assistance.
- b. If independent resolution is not satisfactory, and the employee believes that his/her rights as defined under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Action of 1973 have been denied, the employee should submit a written account of the situation to the Director of Human Resources. The report should be submitted immediately after the independent resolution process has been attempted, but in no case more than 30 days.
- c. After thoroughly reviewing the complaint with the reporting individual, the Director of Human Resources, in collaboration with the Disability Services Coordinator will meet with the other party. If necessary a meeting will occur jointly with both parties to attempt a resolution. Any person on the committee identified as a source of the ADA complaint would be replaced in the process by an impartial person.

- d. If a resolution is not met at this point, then the unresolved complaint shall be forwarded to the Disability Appeals Panel. Complaints must be forwarded in a timely manner and in writing. The written document submitted by the employee must provide a descriptive statement of the problem, and a statement indicating the potential impact on the complainant.
- e. The Disability Appeals Panel formally hears and resolves disability related complaints that have not been resolved independently or through informal measures. The hearing will take place within fifteen (15) days of the date that the written complaint and necessary documentation are received. The burden of proof that the employee has been discriminated against must be sustained by the employee.
- f. All complainants shall have the right to present evidence and witnesses at the panel hearing. Any member of the review panel who is subject to or included in the complaint shall be disqualified from hearing the complaint. Attorneys are not permitted to attend the hearing.
- g. The Disability Appeals Panel shall keep records that accurately reflect the proceedings. After the hearings are completed the review panel shall deliberate in unrecorded executive session. A written decision of the committee shall be presented to the complainant within ten (10) days of the hearing.
- h. The Disability Appeals Panel Decision is final.

## **2. Employee Appeal Process for Accommodations**

- a. If an employee or applicant has been denied a request for accommodations, then a notice of appeal may be filed by the employee or applicant requesting accommodations within 72 hours (excluding non-business days) of receipt of the Director of Human Resources written accommodation decision. The notice shall be in writing and shall be served upon the Vice President for Finance and Management. Upon receipt of this notice, any recommended accommodation(s) shall be held in abeyance pending resolution of the appeal.
- b. The employee requesting accommodation has 10 working days after filing the notice of appeal within which to file written documentation and reasons why a requested accommodation should be granted.
- c. The Disability Appeals Panel shall establish guidelines under which to decide any appeal but, at the minimum, shall issue a written decision within a reasonable time of receipt of all materials relating to the appeal. A reasonable time for an appeal filed by an employee shall not exceed 30 college working days of receipt of all materials
- d. The written decision from the Disability Appeals Panel shall:
  - i. Uphold the decision of the Director of Human Resources; or
  - ii. Reject the Director of Human Resources' decision and grant the requested accommodation.
- e. The decision of the Disability Appeals Panel is final.

CONFIDENTIAL  
MOUNT VERNON NAZARENE UNIVERSITY  
Reasonable Accommodation Request Form

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. This form must be filed separately from the employee's personnel file and be treated confidentially.

Employee's Department _____	
<u>To be completed by the employee requesting accommodation.</u>	
Employee: _____	Telephone _____
Address: _____	
Job Title: _____	Request Date _____
Supervisor: _____	Office Telephone _____

I give the Mount Vernon Nazarene University Human Resources Department permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

I further understand that I am required to complete and sign the Verification of Disability Form giving MVNU permission to consult with my health care professional(s) in order to determine that I am an employee with a disability and to seek guidance as to any functional limitations based on my disability.

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Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary)

- A. What are the limitations caused by your condition(s) that you are currently experiencing? Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.
  
- B. Given your limitations, what parts of your assigned job duties are impeded by your condition?
  
- C. Describe the accommodations you are requesting?
  
- D. Explain how the accommodation(s) you are requesting will enable you to perform the essential functions of your job?
  
- E. Will you be able to perform all the essential functions of your job if you receive the requested accommodations? If not, describe the functions you will not be able to perform.
  
- F. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job. If you do, explain what type of assistance you need.
  
- G. Provide any information or suggestion you can regarding how the requested accommodation(s) can be provided. If known, include names, addresses and telephone numbers of the vendors and model number and approximate cost of any equipment requested.

**MOUNT VERNON NAZARENE UNIVERSITY**  
**Employee Assignment of Reasonable Accommodation**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Check One:**     **Faculty Member**     **Staff Member**     **Student/Employee**

**Purpose:** This form is used to record the possible workplace accommodations for applicants or current University employees who have requested accommodations under the Americans with Disabilities Act of 1990 (ADA). The purpose of the form is to record accommodations requested and the University's response.

A reasonable accommodation is any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity. Accommodations must be made on a case-by-case basis because the nature and extent of a disabling condition and the requirements of the job may vary.

**Examples of reasonable accommodations include, but are not limited to:**

- Job restructuring
- Modified work schedules
- Adaptive computers/equipment
- Alternate print formats
- Office/classroom relocation
- Making facilities readily accessible and usable
- Natural supports
- Note takers/scribes/readers
- Parking
- Sign Language interpreters
- Leaves of absence

**Accommodation(s) Requested:** \_\_\_\_\_

\_\_\_\_\_

**MVNU Approved Accommodation(s):** \_\_\_\_\_

\_\_\_\_\_

**Director Human Resources Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disability Services Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_