

# Chautauqua Works

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## REASONABLE ACCOMMODATIONS POLICY STATEMENT

Pursuant to 29 CFR § 32, 29 CFR § 37 AND section 504 of the Rehabilitation Act; Chautauqua Works and any recipients of Title I WIOA funding, have a commitment to ensuring that qualified individuals with disabilities, who make requests for reasonable accommodations enjoy: services, employment, aid, benefits, or training programs<sup>1</sup>, that are equally effective<sup>2</sup> and in the most integrated setting<sup>3</sup>.

- **Who is considered to be a qualified individual with a disability?**

A qualified individual with a disability is either:

- a. a person who can perform the essential functions of the job with or without a reasonable accommodation; or
- b. a person who meets the eligibility criteria for the receipt of or participation in: the program, services, or employment sought.<sup>4</sup>

- **What is a reasonable accommodation?**

A reasonable accommodation may consist of either adjustments or modifications to:

- the application/registration process;
- work environment;
- employment practices;
- equipment;
- structure/facility; or
- the manner in which programs/services are conducted.<sup>5</sup>

Qualified customers, employees, and applicants/registrants with disabilities, who seek an accommodation, are thereby encouraged to make their requests where applicable, to either the designated on-site staff person or the Disability Resource Coordinator.

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<sup>1</sup> 29 CFR § 32.3(5)(III) AND United States Department of Labor, "Methods of Administration Under the Workforce Investment Act: Training for EO Officers and Implementation Staff Participant Guide", p.5-3, November 2002.

<sup>2</sup> 29 CFR § 32.4(b)(vii)(2)

<sup>3</sup> 29 CFR § 32.4((7)(II)(d)

<sup>4</sup> 29 CFR § 32.3(III)(a), (b) and (c)

<sup>5</sup> 29 CFR § 32.3

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## REQUEST FOR REASONABLE ACCOMMODATIONS

**INSTRUCTIONS:** Complete Section A and sign. (1) Please attach a physician's statement describing the limitations placed on your life functions and activities, and (2) how a reasonable accommodation will enable the applicant to execute the duties described. If necessary, where applicable, please contact the on-site Disability Program Navigator or designated staff person for assistance. Once completed provide the form and completed physician's statement to either the on-site Disability Program Navigator or designated staff person. All information received pertaining to your request will be kept confidential, maintained separately from personnel records, and used only for record keeping and affirmative action efforts.

### Section A: Description

1. Last Name	2. First Name	3. Title	4. Div/Bur	5. Location	6. Work Telephone

7. Describe your request.

8. Describe how this request will allow you to perform your job.

Applicant's Signature: \_\_\_\_\_

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

### Section B - Disposition of Request (To be completed by ADA Coordinator)

**APPROVAL:**

Your request for a reasonable accommodation has been approved. The condition(s) of this accommodation is (are):

**DISAPPROVAL:**

This request is denied for the following reason(s):

Date: \_\_\_\_\_ DPN/504 Monitor: \_\_\_\_\_

### Section C: Review by Equal Opportunity Officer

I have reviewed this Request for a Reasonable Accommodation and agree with the findings of the ADA Coordinator.

Date: \_\_\_\_\_ Equal Opportunity Officer: \_\_\_\_\_

In the case of a denial there are several options which may be pursued. Please see the reverse side of this form for a description of these options.

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Options	
<b>Appeal the denial</b>	<p>Compliance Review Board: The External Review Process involves the review of a request by a panel of employees from Chautauqua Works. The panel is an advisory body and the Equal Opportunity Officer is the Chairperson of the Committee. After reviewing your request, the panel will notify the Agency. The Equal Opportunity Officer will either concur with the panel's decision or ask the panel to reconsider.</p> <p>If you choose to use this process, sign the authorization below in Section D and return this form to the ADA Coordinator within <b>ten</b> business days after receipt of the denial of the request. The ADA Coordinator will forward the form within <b>five</b> business days to the Equal Opportunity Officer. The process takes approximately <b>15 business days</b> and starts once the request is sent from the Department. Within <b>ten</b> business days the Board will render its opinion. The ADA coordinator will then inform you in writing of the final determination and send you a copy of the Board's recommendation.</p>
<b>Internal Discrimination Complaint Process</b>	<p>A complainant has the right to file an internal discrimination complaint if he/she feels that denial of the request was an act of discrimination. The procedure for filing an internal discrimination complaint with Chautauqua Works is explained in the Notice of Rights. Such complaints must be filed within <b>180</b> days from when the denial of the request was received.</p>
<b>External Discrimination Procedures</b>	<p><b>CRC</b> - A complainant may file a complaint directly with the Civil Rights Center (CRC), and has <b>180</b> days from when the denial of the request for an accommodation was received. A complainant may also decide to file with CRC after their complaint has been reviewed by Chautauqua Works; in this instance they have <b>30</b> days from when they received their determination to appeal to CRC.</p> <p><b>EEOC</b> - An individual may file a charge of discrimination under the Americans with Disabilities Act (ADA) with the Equal Employment Opportunity Commission (EEOC), as long as it is within <b>30</b> days from the denial of the request by Chautauqua Works.</p> <p><b>New York State Human Rights Law</b> - Under the disability discrimination provisions of the New York State Human Rights Law, an individual may file a charge of discrimination at the NYS Division of Human Rights within one year of the denial, or file a lawsuit in the New York State Supreme Court within <b>three years</b> of the denial.</p>

**Section D - Authorization for External Review**

I authorize Chautauqua Works to release all information pertaining to my request for a reasonable accommodation to the New York State Department of Labor. This information will be used by the panel to evaluate my request for an accommodation.

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

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## Acknowledgement of Receipt of Notice of Rights

I have read this form and understand that I have a right to file a grievance or discrimination complaint if I feel that my rights were violated by Chautauqua Works or in connection with a WIOA Title I financially assisted program or activity.

I acknowledge receipt of the formal Grievance/Discrimination Complaint/Reasonable Accommodations policies in addition to this Notice of Rights.

Name (Print): \_\_\_\_\_

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

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