

<b>Series: 700 - Workplace Health, Safety &amp; Security</b>	<b>§ 701 – Americans with Disabilities Act (ADA)</b>
<b>Title: Americans with Disabilities Act (ADA)</b>	<b>Effective Date:</b> December 15, 2022
	<b>Adoption/Revision Date:</b> December 15, 2022
<b>Custodian:</b> Personnel Manager	<b>Approving Body:</b> Personnel Committee

**1. Authority**

- a. Wis. Stat. 59.02, 59.03, 59.51, 59.52, 66.0509, 10, 103, and 111 (111.34); Wis. Admin. Code DWD 218; and 42 U.S.C. 126
- b. Clark County Code of Ordinances, Section 2-48

**2. References**

- a. Adopting Resolution/Ordinance/Motion: 52-12-22
- b. Other Resolution/Ordinance/Motion: XXX

**3. Purpose**

- a. To establish a policy that provides equal employment opportunities to all qualified individuals including those with disabilities.

**4. Scope**

- a. This policy applies to all departments, qualified county employees and applicants.

**5. Policy Overview**

- a. Clark County will fully comply with the reasonable accommodation requirements of the American’s with Disabilities Act (ADA). Under such law, Clark County must provide reasonable accommodation to qualified employees or applicants with disabilities unless doing so would cause undue hardship for the county. Clark County is committed to providing reasonable accommodations to its employees and applicants for employment in order to assure that individuals with disabilities enjoy full access to equal employment opportunities as nondisabled individuals.
- b. Clark County will provide reasonable accommodations, unless the accommodation causes undue hardship to the county, when:
  - i. A qualified applicant with a disability needs an accommodation in order to participate in Clark County’s recruitment and hiring process;
  - ii. A qualified employee with a disability needs an accommodation to enable him/her to perform the essential functions of the job or to gain reasonable access to the workplace; and/or
  - iii. A qualified employee with a disability needs an accommodation to enjoy the same and equal benefits and privileges of employment.
- c. Clark County will process requests on a case-by-case basis for reasonable accommodations and, where appropriate, provide reasonable accommodations in a prompt, fair, and efficient manner.
- d. Clark County will not discriminate against a qualified employee or applicant with a disability in all conditions of employment, including job application procedures, hiring, firing, advancement, tenure, compensation, training, layoff, leave and fringe benefits.
- e. The Office of Personnel is responsible for implementing this policy, including resolution of reasonable accommodation, safety and undue hardship issues.

**6. Definitions**

- a. The terms below have the following meanings in this policy:
  - i. Disability means a physical or mental impairment that substantially limits one or more of the individual’s major life activities or makes achievement unusually

difficult or limits the capacity to work, a history of such impairment, and/or being regarded as having such impairment.

**7. Requests for Reasonable Accommodations**

- a. If an applicant or employee desires an accommodation, the applicant or employee shall inform his/her immediate supervisor, department head, or Personnel Manager of the need for the accommodation.
  - i. All oral requests for accommodation shall be followed up with a written request using the ADA Accommodation Request Form (Attachment A).
    1. If the accommodation request is for a modification to work site please fill out the Workplace Modification Request (Attachment B)
  - ii. Upon request, assistance shall be provided to the requesting applicant or employee to complete the appropriate paperwork.
  - iii. All completed forms shall be forwarded to the Office of Personnel.
  - iv. See Attachment A – ADA Accommodation Request.
- b. Upon receipt of the accommodation request, the Office of Personnel, in conjunction with the department head, shall discuss with the requesting applicant or employee the nature, extent, and duration of the disability, review the position's essential functions and how individual's disability impacts the performance of the skill or position, the accommodation being sought, and any other relevant or available accommodations that will allow the employee to perform the essential functions of the position.
  - i. Unless authorized by the Office of Personnel, an employee or applicant shall not be subjected to medical examinations or inquiries to determine if a disability exists.
- c. When determining what accommodations will be provided (if any), the following applies:
  - i. Office of Personnel may request medical documentation from the individual to determine the nature, extent, and duration of the disability and/or limitations. (Attachment C)
    1. Any medical documentation must be collected and maintained on a separate form and in separate, locked files. No one will be told or have access to medical information unless the disability might require emergency treatment.
    2. The individual may authorize the Office of Personnel to contact his or her health care provider. The appropriate release of health information form must be completed and signed by the individual.
    3. All medical information is treated as confidential and is not maintained in the general personnel files.
  - ii. Office of Personnel shall give consideration to the individual's requested accommodation.
  - iii. Office of Personnel shall make the final decision as to what accommodation to provide (if any) when considering the resources available, cost, threat to health and safety to requestor or others, ease of administration, and hardship to the County.
  - iv. Office of Personnel reserves the right to choose accommodations that are cost effective and/or easiest to provide before resorting to more extensive accommodations.
  - v. Office of Personnel shall provide the decision on the accommodation request within a reasonable amount of time.
    1. If the accommodation request is approved, the Office of Personnel shall work with the individual to effectively implement the accommodation.
    2. If an accommodation request is denied, the Personnel Manager shall inform the requester in writing and state the reasons for denial.

- vi. Reasonable accommodations may include, but are not limited to, job restructuring, modified work schedules, leave, telecommuting, modified equipment or work environment/site, training, assistive communication, and job/task reassignment.
- d. Once an accommodation is provided, the Office of Personnel, in conjunction with the department head, shall monitor the accommodation's effectiveness by following up with the individual.
- e. If an accommodation cannot overcome the existing barriers or if the accommodation would cause an undue hardship on the operation of the business, the employee, Department Head and Office of Personnel will work together to determine whether reassignment may be an appropriate accommodation.
- f. All information and records related to an individual's disability and/or accommodation shall be confidential.

**8. Appeals**

- a. Employees or applicants who are dissatisfied with the decision(s) pertaining to their accommodation request may file an appeal with the Office of Personnel, within a reasonable period of time, for a final decision.
- b. If the individual believes the decision is based on discriminatory and/or retaliatory reasons, then he or she may file a complaint internally through the Office of Personnel.

**9. Additional Information**

- a. Disability discrimination can include harassment based on disability, tangible employment actions, or other actions that create a hostile or intimidating work environment for those in the protected class.
- b. The County will not retaliate against any individual who opposed any unlawful act or practice, or because that individual made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing to enforce anti-discrimination laws.

**10. Attachments**

- a. ATTACHMENT A – ADA Accommodation Request
- b. ATTACHMENT B – Workplace Modification Request
- c. ATTACHMENT C – Healthcare Provider Information

**ATTACHMENT A  
Clark County  
AMERICANS WITH DISABILITIES ACT  
REASONABLE ACCOMMODATION REQUEST**

To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must

- 1) Be qualified to perform the essential functions of your position ,
- 2) Have a qualifying disability that limits a major life function.

In order to complete this form, you will need to understand the essential functions of your job. You may refer to the current job description or contact the Office of Personnel for more information regarding this. You may also contact the Office of Personnel if you have questions or need information about the ADA or the process for requesting reasonable accommodation.

**Employee Information**

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

\_\_\_\_\_  
Work Phone Number:

\_\_\_\_\_  
Title of Position:

\_\_\_\_\_  
Work Location:

\_\_\_\_\_  
Department:

\_\_\_\_\_  
Name of Immediate Supervisor:

- 1) Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected. Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.
  
- 2) Describe any mitigating measures (medication, assistive technologies such as wheelchairs, etc.) you are using because of the disability, and the effect of those measures on the disability.

**Clark County, Wisconsin**  
**Series 700.701**

- 3) Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.
  
- 4) Describe the accommodation you are requesting.
  
- 5) Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.
  
- 6) Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.
  
- 7) 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.
  
- 8) Provide any information or suggestion you can on how the requested accommodation(s) can be provided. If known, include the names, addresses, and telephone numbers of vendors and the model number and approximate cost of any equipment requested.

---

Employee Name

---

Work Phone Number:

---

Signature

---

Date

**ATTACHMENT B  
WORKPLACE MODIFICATION REQUEST  
Clark County  
AMERICANS WITH DISABILITIES ACT**

Complete this form if you are requesting a long-term or permanent modification of the work environment in a situation, which may not rise to the level of an ADA-qualifying event. Illustrative examples of workplace modification include ergonomic or adaptive equipment such as a chair for a person with back problems or a keyboard for a person with repetitive stress injury to the wrists.

**Employee Information**

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

\_\_\_\_\_  
Work Phone Number:

\_\_\_\_\_  
Title of Position:

\_\_\_\_\_  
Work Location:

\_\_\_\_\_  
Department:

\_\_\_\_\_  
Name of Immediate Supervisor:

1. Explain why you are making a request for a work modification.
2. If the request is the result of a work-related illness or injury, have you applied for Worker's Compensation?
3. Describe the modification you are requesting, including (if known) an approximate cost and, if equipment is involved, the names of potential vendors.
4. Explain how the work modification you are requesting will enable you to perform specific job tasks.

5. Explain the consequences of a denial of this request.

\_\_\_\_\_

Employee name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Work telephone \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C  
REASONABLE ACCOMMODATION REQUEST –  
HEALTHCARE PROVIDER INFORMATION  
Clark County  
AMERICANS WITH DISABILITIES ACT**

Attached to this form is the current description of the essential functions of the position occupied by \_\_\_\_\_, including the physical and mental demands of the job. Please answer the following questions regarding the employee's condition as it relates to the essential functions and possible accommodations. The employee's signed Release is also attached.

1. Does the employee have a disability that substantially limits a major life activity? If so, describe the disability and the limitation.

2. Does the employee use any mitigating measures (medications, assistive technologies, etc.). How do the mitigating measures affect the disability?

3. Does the disability affect the employee's ability to perform any one of the essential functions of the position?

Yes No

a. If yes, please describe the impact on the person's ability to perform specific functions. Describe the effects of any mitigating measures used.

4. Are there any accommodations that in your opinion would allow the employee to perform the essential functions of the job? If so, describe those accommodations.

5. If the employee cannot perform the essential functions of this position with or without an accommodation, what type of work, if any, can the employee perform with or without an accommodation? Please be specific.

6. Is the need for accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for accommodation will exist?



Provider Name (Please print)		Professional license or specialty
Signature		Date

**ADA DEFINITION OF DISABILITY**

With respect to an individual, the term "disability" means:

1. a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
2. a record of such an impairment; or
3. being regarded as having such an impairment.