



**Bannock County**  
624 E Center Street  
Pocatello, ID 83201

## **Human Resources & Risk Management Procedures**

### **Americans with Disabilities Act**

**Updated 1/13/2022**

#### **P02.100 Americans with Disabilities Act (ADA)**

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act (ADAAA) are federal laws that require employers to not discriminate against applicants and individuals with disabilities, and when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, so that they may perform the essential job duties of the position.

Bannock County shall comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC).

Bannock County shall not discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

#### **P02.200 Accommodations for individuals with disabilities**

Bannock County will make reasonable accommodations, as required by law, for the known physical or mental disabilities of an otherwise qualified applicant or employee, unless doing so would impose an undue hardship upon the Counties' business operations. An accommodation is not reasonable if, even with the accommodation, the employee is unable to perform essential job duties in a manner that would not endanger the health or safety of the employee or others.

#### **P02.300 Interactive process**

Any applicant or employee who believes they require an accommodation in order to perform the essential functions of the job should contact the Human Resources Director to request such an accommodation.

Upon learning of the possible need for a reasonable accommodation under the ADA, Bannock County shall engage in a process in which the employee, health care provider, supervisor, and Human Resources each share information about the nature of the disability and the limitations that may affect the employee's ability to perform the essential job duties. This process is referred to as the interactive process and involves a good-faith effort by the County and the employee to discuss the limitations the employee's disability may pose. The purpose of this discussion is to determine what (if any) accommodations may be needed.

#### **P02.400 ADA accommodation request**

Employees should specify what accommodation they need to perform the job and submit supporting medical documentation explaining the underlying physical or mental disability and the basis for the requested accommodation. The “Bannock County Accommodation Request Form” and the “Accommodation Medical Certification Form” should be used to ensure appropriate information is provided.

#### **P02.500 Determine if the employee has a disability under ADA**

Human Resources and the supervisor will review the accommodation request documentation to determine if the employee has a disability under the ADA. If additional information is needed the medical provider may be consulted after the employee provides a medical release.

- The ADA defines a disability as one of the following: a) a physical or mental impairment that substantially limits a major life activity; b) a record of a physical or mental impairment that substantially limited a major life activity; or c) being regarded as having such an impairment.
- According to the Equal Employment Opportunity Commission (EEOC), the ADA Amendments Act (ADAAA) includes impairments that would automatically be considered disabilities. They include deafness, blindness, intellectual disability, completely or partially missing limbs, mobility impairments that require the use of a wheelchair, autism, cancer, cerebral palsy, diabetes, epilepsy, HIV or AIDS, multiple sclerosis and muscular dystrophy, major depression, bipolar disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and schizophrenia.
- The definition of major life activities includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. Major bodily functions include functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.
- The following are *not* disabilities under the ADA: transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, other sexual behavior disorders, compulsive gambling, kleptomania, pyromania, and psychoactive substance use disorders resulting from current illegal use of drugs.

#### **P02.600 Determine accommodations**

An accommodation can be a change or modification to the workplace, allowing the employee with a disability to perform his or her essential job duties or enjoy the benefits and privileges of employment.

The types of accommodations needed and provided will depend on the limitations of the disability and the individual employee's ability to perform the essential job duties of the position. Accommodations are designed to meet the specific circumstances of the individual.

Bannock County shall seek reasonable accommodation, and is not required to provide accommodations that create an undue hardship. Accommodations that could result in an undue hardship include modifications that are unduly extensive or disruptive, or those that would fundamentally alter the nature or operation of the job or business.

#### **P02.700 Notify the employee**

Human Resources shall notify the employee in writing that his or her requested accommodation has been approved or denied. Details of the accommodation and the anticipated start date should be included.

HR must maintain all copies of accommodation requests, supporting medical information and documentation, including denials, in a file separate from the employee personnel file, consistent with the confidentiality requirements of the ADA.

#### **P02.800 Review and modify**

Accommodation requests may be reviewed and modified for employees who have a disability under ADA. Bannock County shall continue the interactive process to find the accommodation(s) that meets the needs of the employee and does not create an undue hardship on the county.



**Bannock County**  
624 E Center Street  
Pocatello, ID 83201

**Bannock County  
Accommodation Request Form**

Full Name	Position	Employee ID number

Department Name	Name of Supervisor/ Department Head

Work phone	Cell or home phone	E-mail

**NATURE OF THE QUALIFYING DISABILITY:** (Please describe the nature, extent, and duration of your disability.)

**REQUESTED/SUGGESTED ACCOMMODATION:** (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.)

**PHYSICIAN CONTACT INFORMATION (Employees only)** (Please provide name, address, telephone and fax numbers. The physician may receive a letter/fax from us requesting information on your impairment/disability and recommendations for accommodations.)

I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed necessary by Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference.

---

**Signature:**

---

**Date:**

*[To signatory: In non-physician review cases, decisions regarding accommodations will be made within 10 days of the receipt of this form by Human Resources. Due to delays that may be caused in communications with physicians, no specific decision date can be provided for physician review cases.]*



**Bannock County**  
624 E Center Street  
Pocatello, ID 83201

**Bannock County**  
**Accommodation Medical Certification Form**

Dear Physician,

A request for an employment-related reasonable accommodation has been made by our employee \_\_\_\_\_ (name). To assist us with this process, please complete the following questions below.

**Please answer these questions to help determine disability and reasonable accommodation.**

1. Please review the attached job description. Is the employee able to perform the essential job functions of this position with or without reasonable accommodation? Yes / No

If yes, please continue to next question.

If no, how long will the employee be unable to perform these job duties?

\_\_\_\_\_ # of weeks    \_\_\_\_\_ # of months    \_\_\_\_\_ permanently

2. Does the employee have a physical or mental impairment? Yes / No  
If yes, what is the impairment?

3. What limitations are interfering with job performance, and how do they affect the employee's ability to perform the job functions?

4. What adjustments to the work environment or position responsibilities would enable the employee to perform the essential functions of that position?

5. The employee's typical schedule is \_\_\_\_\_. What, if any, adjustments need to be made to the employee's work schedule to enable the employee to perform the essential functions of that position?

6. How would your suggestions improve the employee's job performance?

7. How long will the employee need the reasonable accommodation? If unable to provide date, when will he or she be medically reevaluated?

8. Any additional comments or suggestions:

---

Physician Name (Please Print)

---

Date

---

Signature of physician completing form