

Section IV.E.3. Employee Disability Accommodation Procedures

These procedures supplement and clarify Section IV.E.3. of the Lone Star College System District Policy Manual (“Board Policy”) last revised by the Board of Trustees on **February 1, 2018**—setting out the College’s policy regarding Employee Disability Rights.

Board Policy controls when a conflict arises between it and the procedures below. These procedures were last updated on **January 29, 2019**. The notice and comment period was open online to the public from **November 8, 2018** to **December 8, 2018**.

1. Scope of Procedures. These procedures govern the application and eligibility for qualified College employees seeking reasonable work accommodation for a disability. The College provides reasonable, disability-based accommodations to qualified employees.¹

2. Definitions. Please note the following definitions for these procedures:

a. Disability. A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

b. Qualified. A qualified employee has the requisite skills, experience, education, licenses, etc. for the job and is able to perform the essential functions of the job, either with or without reasonable accommodation.

3. Procedure Administration. The Office of Governance, Audit, and Compliance’s Compliance Education & Training Department is responsible for administering these procedures. The Executive Director of Compliance Education and Training (“Executive Director”) is the primary point of contact regarding employee disability accommodations.²

4. Employee Responsibility to Request Accommodation. Employees are responsible for identifying themselves as individuals requesting disability-based accommodation. Employees do not have to disclose the nature of their impairment to their supervisors. Disability-based accommodation requests should be directed to the College’s Executive Director or designee.³

Employees requesting accommodation should complete the [Employee Disability Accommodation Request Form](#) (or written equivalent), include any relevant information, and email the documents to LSC-EmployeeAccommodations@Lonestar.edu.⁴ Employees may receive a notification confirming receipt by the Compliance Education & Training Department. Information regarding the nature of an employee’s impairment is not for supervisor review.

¹ The College understands that each person is unique and may require variance to these procedures to suit individual needs. Procedure variances require the College’s Associate Vice Chancellor of Governance, Audit, and Compliance’s consent.

² The Executive Director may designate another employee to effectuate these procedures.

³ See Appendix A for contact information.

⁴ Employees may also request accommodation orally by contacting the Executive Director. See appendix A for contact information.

5. Supervisors. Supervisors who receive an employee's request for accommodation should provide the employee the Executive Director's contact information and should forward the accommodation request to the Executive Director within two working days.

6. The Interactive Process. The interactive process begins once an employee requests accommodation based on an impairment. Each interactive process is unique to the individual employee and his or her circumstances.⁵ The Executive Director or designee will engage in an interactive dialogue with the employee regarding the impairment, limitations the employee is experiencing, and, if eligible, potential reasonable accommodations that could assist with those limitations. Employees are encouraged to suggest reasonable accommodations they believe would allow them to perform their job functions. The College, however, is not required to provide a specific accommodation requested by an employee and may provide an alternative, effective accommodation to the extent any reasonable accommodation can be made. The interactive process may also include the following:

a. Documents. If an employee's impairment and need for accommodation are not apparent, then the employee may be asked to provide supporting documents verifying that the impairment meets the disability definition according to applicable laws and necessitates a reasonable accommodation.⁶ The employee is responsible for submitting the requested documents. The request for reasonable accommodation may be delayed or denied if the employee fails to timely provide the requested documents.

An employee may submit current disability verification documents from a licensed or certified health care provider qualified to treat and diagnose the employee's disability.⁷ If the employee does not have current disability verification documents, then the employee may use the College's Employee Disability Verification Form and have the appropriate health care provider fill out and sign the form. The health care provider or employee then submits the form via email to LSC-EmployeeAccommodations@Lonestar.edu, fax to (832) 246-0059, or hand delivery to the Compliance Education & Training Department.⁸ The College encourages employees to submit the documents as soon as possible to ensure timely review.

The College keeps medical information received during the accommodation process private to the extent permitted by law.

b. Review. The Executive Director or designee reviews the submitted documents to determine whether the employee's impairment meets the disability definition

⁵ For example, an individual with an apparent disability *may* not be required to provide the Employee Disability Accommodation Verification Form.

⁶ Employees are responsible for any costs associated with tests, evaluations, etc. required to obtain documents requested. The College recommends employees review the Employee Assistance Program (EAP) to see if any applicable resources are available.

⁷ Current documents typically means no more than five years old, but this can vary depending on the nature of the disability.

⁸ The College may ask the employee for a release to verify the documentation if there is authentication issue.

according to applicable laws. The Executive Director or designee may ask the employee to provide additional documentation or a release permitting the Executive Director or designee to discuss specific questions with the employee's health care provider.

c. Reasonable Accommodation. A qualified employee becomes eligible for reasonable accommodation once the Executive Director or designee verifies the employee's disability and need for a workplace accommodation.

Reasonable accommodations are work-related modifications or adjustments that are effective, plausible, and feasible. Accommodations are not considered reasonable if they cause undue hardship (i.e. unduly extensive, substantial, or disruptive), require alteration of essential job functions, or would fundamentally alter the nature of operation of the College's business. The Executive Director or designee determines reasonable accommodations on a case-by-case basis considering various factors and individualized assessment.

The Executive Director or designee may communicate with the employee's supervisor(s) throughout the process to ensure any proposed accommodation is reasonable and effective in the workplace.⁹ Supervisors, however, do not determine the final accommodation.

The Executive Director or designee may propose effective and reasonable accommodation(s) to the employee.¹⁰ If the employee accepts the proposed accommodation, the employee will acknowledge their acceptance in writing and then the approved accommodation(s) will be implemented as specified.¹¹

7. Accommodation Reconsideration Requests. Employees may submit a written request to reconsider denied accommodations or Executive Director-proposed accommodations to the Associate Vice Chancellor of Governance, Audit, and Compliance.¹² The Associate Vice Chancellor's decision is final unless the employee's disability changes or the employee receives additional information from the health care provider.

8. Accommodation Revisions. Employees needing a revision or change to their approved accommodations should contact the Executive Director or designee. The Executive Director or designee will determine if the requested change is supported by the documents on file and will confer with the employee's supervisor. The Executive Director or designee may request additional documents to support the change if not previously provided.

⁹ The employee must be able to perform the essential functions of the job.

¹⁰ While the Executive Director or designee may consider the employee's preferred accommodation, the Executive Director or designee will ultimately choose the effective accommodation.

¹¹ Accommodations are not retroactive. For example, if an employee disciplined for tardiness later reveals that the tardiness was due to morning treatments for a disability, the supervisor does not need to rescind the past discipline based on an approved accommodation modifying the employee's schedule.

¹² See Appendix A for contact information.

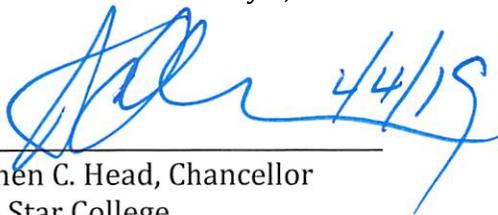
9. Discrimination Complaints. Employees who believe they are being unlawfully discriminated against because of a disability may report the incident(s) according to Board Policy section Prohibited Unlawful Discrimination and Harassment. Employees may also submit a complaint using the College’s electronic reporting system.¹³ Employees may, at any time, file a complaint with any applicable state or federal agency or court.

10. Conduct. All College employees are held to the same conduct standards. Employees who engage in conduct prohibited by Board Policy may be disciplined up to and including employment termination.

11. No Retaliation. Employees will not be retaliated against for requesting an accommodation in good faith. The College expressly prohibits any form of discipline, reprisal, intimidation, or retaliation against any individual for requesting an accommodation in good faith.

The College is committed to prohibiting retaliation. The College’s effectiveness in prohibiting retaliation depends largely on employees informing the College about inappropriate workplace conduct. If employees feel that they or someone else may have been subjected to conduct that violates Board Policy or these procedures, they should report it immediately. Reports may be made to the College’s electronic reporting system,¹⁴ the Executive Director of Compliance Education and Training, or the Executive Director of Compliance and Incident Management.¹⁵ If employees do not report retaliatory conduct, the College may not become aware of a possible policy violation and may not be able to take appropriate corrective action.

Effective Date: February 4, 2019



Stephen C. Head, Chancellor
Lone Star College

¹³ The Incident Reporting System can be accessed by going to the Lone Star College homepage and clicking on the “Report Ethics Violations” link at the bottom right of the page.

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¹⁵ See Appendix A for contact information.

APPENDIX A

College Contact Information

Employee accommodation requests should be submitted using one of the following methods:

1. **Email - LSC-EmployeeAccommodations@lonestar.edu (preferred)**
2. Fax – (832) 246-0059
3. Hand delivery – Lone Star College System Office, The Woodlands
Compliance Education & Training Department
Office of Governance, Audit, & Compliance

In the event an employee requesting accommodation needs to directly contact an employee under these procedures, please the contact information below.

Name	Title	Email	Phone
Karen Miner (primary contact)	Executive Director, Compliance Education and Training	Karen.L.Miner@lonestar.edu	(832) 813-6614
Sandra Gregerson	Associate Vice Chancellor, Governance, Audit, and Compliance	Sandra.G.Gregerson@lonestar.edu	(832) 813-6835
Claudia Madrigal	Executive Director, Compliance and Incident Management	Claudia.Madrigal@lonestar.edu	(832) 813-6617

Employee Accommodation Request Form



Attention Employee: Please complete this form and return by email to LSC-EmployeeAccommodations@lonestar.edu, by fax to (832) 246-0059, or by hand delivery to the Compliance Education & Training Department if you are requesting reasonable accommodation(s) based on disability.

Employee Name:	Employee ID:	Date:
Supervisor Name:	Department:	

Location: Please check next to your work location below.

Campuses:	Centers:	Additional Locations:
<input type="checkbox"/> LSC-CyFair	<input type="checkbox"/> LSC-Atascocita	<input type="checkbox"/> LSC-Health Professions Building
<input type="checkbox"/> LSC-Kingwood	<input type="checkbox"/> LSC-Conroe	<input type="checkbox"/> LSC-Tomball Health Science Building
<input type="checkbox"/> LSC-Montgomery	<input type="checkbox"/> LSC-Creekside	<input type="checkbox"/> LSC-Transportation Institute
<input type="checkbox"/> LSC-North Harris	<input type="checkbox"/> LSC-Cypress	<input type="checkbox"/> LSC-CHI Institute
<input type="checkbox"/> LSC-Tomball	<input type="checkbox"/> LSC-EMCID	<input type="checkbox"/> LSC-Energy & Manufacturing Institute
<input type="checkbox"/> LSC-University Park	<input type="checkbox"/> LSC-Fairbanks	<input type="checkbox"/> LSC-Process Technology Center
<input type="checkbox"/> LSC-Houston North	<input type="checkbox"/> LSC-Greenspoint	<input type="checkbox"/> LSC-System Office, The Woodlands
	<input type="checkbox"/> LSC-Process Technology	<input type="checkbox"/> LSC-System Office, University Park
	<input type="checkbox"/> LSC-Victory	<input type="checkbox"/> Other _____
	<input type="checkbox"/> LSC-Westway Park Technology	_____

Employee Information: (use additional pages as needed)

Please state your Disability, Impairment, or Condition. _____

Please describe how your condition limits your ability to perform your essential job functions.

Please describe the specific accommodation(s) you are requesting. _____

Please describe how the accommodation(s) will enable you to perform your essential job functions. _____

Please indicate the expected duration of the impairment(s).

Permanent Temporary – Anticipated End Date: _____

Verification Documentation:

- I have included current documentation from a licensed or certified professional qualified to treat and diagnosis my disability, impairment, or condition.
- Current documentation is not attached.

NOTE: As a part of the accommodation process, the Executive Director of Compliance Education and Training may need you to obtain additional information. The College reserves the right to request health care provider documentation to verify the existence of a disability, impairment, or condition to appropriately assess your functional limitations as they relate to your reasonable accommodation request and essential job functions. You will be notified and your permission obtained if this is necessary.

All information obtained during this process will be maintained and used in accordance with disability law and College privacy requirements.

Employee Disability Verification Form



Attention Licensed or Certified Health Care Provider: Please complete this form and send to LSC-EmployeeAccommodations@lonestar.edu or fax to (832) 246-0059. Please call (832) 813-6614 if you have any questions.

NOTE: The College may only accept disability verification from a licensed or certified health care provider qualified to treat and diagnose the employee’s disability. The information sought on this form pertains only to the disability for which the employee is requesting accommodation under applicable laws. In addition, if questions arise about the documentation provided, the Executive Director of Compliance Education and Training may contact the provider for clarification.

Employee Name:																									
Provider Name:	Specialization/Type of Practice:																								
Provider’s Practice Name & Address:	Provider Phone No.:																								
<p>Provider Questions. A person has a qualifying disability under applicable law if the person has an impairment that substantially limits one or more major life activities.</p> <p>1. Does the employee have a physical or mental impairment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. What is the impairment? _____</p> <p>3. Is the impairment permanent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. If <u>not</u> permanent, how long will the impairment likely last? _____</p> <p>5. Does the impairment mean that the employee is substantially limited in a major life activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. If you checked “yes” on No. 5, what major life activity is affected (select all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> self-care</td> <td><input type="checkbox"/> walking</td> <td><input type="checkbox"/> hearing</td> <td><input type="checkbox"/> interacting with others</td> </tr> <tr> <td><input type="checkbox"/> lifting</td> <td><input type="checkbox"/> standing</td> <td><input type="checkbox"/> seeing</td> <td><input type="checkbox"/> performing manual tasks</td> </tr> <tr> <td><input type="checkbox"/> sleeping</td> <td><input type="checkbox"/> reaching</td> <td><input type="checkbox"/> speaking</td> <td><input type="checkbox"/> concentrating</td> </tr> <tr> <td><input type="checkbox"/> breathing</td> <td><input type="checkbox"/> thinking</td> <td><input type="checkbox"/> learning</td> <td><input type="checkbox"/> reproduction</td> </tr> <tr> <td><input type="checkbox"/> toileting</td> <td><input type="checkbox"/> sitting</td> <td><input type="checkbox"/> working</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> other: _____</td> </tr> </table>		<input type="checkbox"/> self-care	<input type="checkbox"/> walking	<input type="checkbox"/> hearing	<input type="checkbox"/> interacting with others	<input type="checkbox"/> lifting	<input type="checkbox"/> standing	<input type="checkbox"/> seeing	<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> sleeping	<input type="checkbox"/> reaching	<input type="checkbox"/> speaking	<input type="checkbox"/> concentrating	<input type="checkbox"/> breathing	<input type="checkbox"/> thinking	<input type="checkbox"/> learning	<input type="checkbox"/> reproduction	<input type="checkbox"/> toileting	<input type="checkbox"/> sitting	<input type="checkbox"/> working		<input type="checkbox"/> other: _____			
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<input type="checkbox"/> toileting	<input type="checkbox"/> sitting	<input type="checkbox"/> working																							
<input type="checkbox"/> other: _____																									

Provider Accommodation Recommendations.

Do you have any suggestions regarding possible accommodations? If so, what are they?

Additional Comments:

PROVIDER SIGNATURE:
(Stamps or Designee Signatures are **NOT** accepted)

Date:

GINA NOTICE: (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.