LOUISIANA HOUSING CORPORATION		
Policy Number 2	**Policy Name** Americans with Disabilities Act (ADA)	**Original Effective Date** July 10, 2012
Issuing Department Human Resources	**Revision Dates** September 30, 2022	
Contact Human Resources	**Signature**	
Appointing Authority Joshua G. Hollins, Executive Director	**Signature**	

I. Objective

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act (ADAAA) are federal laws that require employers with 15 or more employees 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, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

Title I: Prohibits discrimination against qualified individuals with disabilities in all employment practices, including recruitment, hiring, advancement, compensation, fringe benefits, job training and other terms, conditions and privileges of employment. Upon request, LHC shall engage in an interactive process and may approve a reasonable accommodation, unless the requestor is not a qualified individual; doing so poses an undue hardship to the agency; or poses a direct threat to the health or safety of the individual with a disability or others.

Title II: Ensures qualified individuals with disabilities have equal access to the full range of programs, services, activities, and facilities of the agency. Upon request, LHC may provide a reasonable accommodation, unless the requestor is not a qualified individual; doing so would fundamentally alter the nature of the agency's service, program or activity; or poses a direct threat to the health or safety of the individual with a disability or others.

II. Purpose

The purpose of this policy is to outline LHC standards and procedures for purposes of ADA compliance.

III. Applicability

This policy shall apply to all employees of LHC, applicants for employment, and members of the general public that receive services from LHC.

IV. Definitions

A. **Disability:** Under the ADA, an individual with a disability is a person who:
   1. Has a physical or mental impairment that substantially limits one or more major life activities;
   2. Has a record of such impairment; or
   3. Is regarded as having such impairment as described in item #1 above.

B. **Impairment:** Any physiological, mental, or psychological disorder or condition, including those that are episodic or in remission, that substantially limits one or more major life activities when active.

C. **Substantially Limits**: An impairment that prevents the ability of an individual to perform one or more major life activities as compared to most people in the general population when taking into consideration factors such as the nature, severity, duration, and long-term impact of the condition. Such consideration must be regardless of any mitigating measures such as modifications, auxiliary aids, or medications used to lessen the effects of the condition (except for use of ordinary eyeglasses or contact lenses).

D. **Major Life Activities**:
   1. Generally, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
   2. The operation of a major bodily function, including functions of the immune system, special sense organs, and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

E. **Essential Functions**: The fundamental and primary job duties of a position. Considerations in determining whether a function is essential include such factors as the written job description; whether the reason the position exists is to perform that function; the limited number of employees available to perform that function; and the degree of expertise required to perform the function.

F. **Qualified Individual:**
   1. Under Title I, an individual with a disability who meets the requisite skill, experience, and education requirements for the position and who can perform the essential functions of the position held or applied for, with or without reasonable accommodation(s).
   2. Under Title II, an individual with a disability who meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by LHC, with or without reasonable accommodation(s).

G. **Reasonable Accommodations**:
   1. Under Title I, a modification or adjustment to the work environment that will enable a qualified individual with a disability to:
      a. Participate in the testing, application, and/or interview process;
      b. Perform the essential functions of the job; or
      c. Provide equal opportunity to the benefits and privileges of employment.
   2. Under Title II, a modification that permits an individual with a disability to effectively communicate with LHC and/or ensure equal opportunity relative to LHC'S programs, services, activities, and facilities.

H. **Undue Hardship**: An accommodation that would be unduly costly, extensive, substantial, or disruptive, in light of factors such as the size of the agency, the resources available, and the nature of the agency's business operations.

I. **Direct Threat**: A significant risk of substantial harm to the health or safety of an individual with a disability or others that cannot be eliminated or reduced by reasonable accommodation.

J. **ADA Coordinator**: The LHC representative responsible for facilitating the interactive, evaluation process relative to any request for accommodation, whose name and contact information is provided below.

Name:	**Deniece Holliday**
Section:	**Department of Human Resources**
Address:	**2415 Quail Drive, Baton Rouge, LA 70808**
Phone #:	**(225) 763-8715**
Email:	**dholliday2@lhc.la.gov**

V. Policy

It is the policy of LHC to fully comply with the provisions of Title I and Title II of the Americans with Disabilities Act (ADA), which ensures equal opportunity in employment for all qualified persons with disabilities.

Pre-Employment medical examinations are not conducted or required for positions allocated to the LHC. Any and all medical information and/or records provided to the LHC subsequent to an offer of employment will be kept separate and confidential.

All disabled employees and applicants may request reasonable accommodations. An accommodation will be granted as long as such request does not create an undue hardship or cause a direct threat to workplace safety. All employment decisions are based on the merits of the situation in accordance with Article 10 of the Louisiana State Constitution, Civil Service Rules, applicable court decisions, and other defined criteria, not the disability of the individual.

Qualified employees with disabilities are entitled to equal pay and other forms of compensation (or changes in compensation) in job assignments and are eligible for promotional consideration. Leave of all types will be available on an equal basis.

All fringe benefits, whether provided or administered by the LHC or another entity on the LHC's behalf, must be available and accessible to persons with disabilities. Training, conferences, and professional meetings, as well as allowable financial support and leave pertinent to such activities, will be equally available and accessible to all employees.

The LHC is also committed to not discriminating against any employee or applicant because he/she is related to, or associated with, a person with a disability.

LHC will follow any state or local law that provides individuals with disabilities a greater protection than the ADA.

This policy is neither exhaustive nor exclusive. The LHC is committed to taking all other actions necessary to ensure equal employment opportunity for persons with

disabilities in accordance with the ADA and all other applicable federal, state, and local laws.

VI. Procedures for Requesting A Reasonable Accommodation

It is the responsibility of the qualified individual with a disability to request a reasonable accommodation(s) when needed. To do so, the individual:

- May initiate a request either verbally or in writing. If in writing, the qualified individual with a disability should complete the Request for Accommodation Forms. If the individual needs assistance to complete the request form, LHC will provide such assistance;
- Must submit the request to the appropriate person for the nature of the accommodation requested (as further explained below); and
- Must timely and cooperatively participate in the interactive process (as further described therein).

If the accommodation request is from an LHC employee, he/she will be required, as part of the interactive process, to provide the ADA Coordinator with medical documentation from their health care provider describing the nature of the disability and the functional limitations thereof.

A. Employment (Title I)

1. Application/Testing Process

A qualified individual with a disability may address an accommodation request relative to the application and/or testing process to the following, dependent upon the Job Type indicated on the vacancy announcement:

- For Classified Jobs: Contact State Civil Service, Test and Recruiting Office at (225) 925-1911. For more information regarding accommodations, applicants may go to: **https://jobs.civilservice.louisiana.gov/TestInformation?Accommodations.aspx**

- For Unclassified Jobs: Contact LHC's Department of Human Resources

2. Interview Process

If contacted for an interview, a qualified individual with a disability should notify the hiring manager at that time if an accommodation is needed to participate in the interview and, if so, the nature of the accommodation. The hiring manager shall notify and collaborate with the ADA Coordinator to address the accommodation request.

3. Performance of Essential Functions

A qualified individual with a disability may address an accommodation request related to the performance of the essential functions of a job to the following:

a. If needed prior to or at the time of hire for a position, the accommodation request should be submitted to the person with whom the individual interviewed.

b. If employed by LHC and needed for the current job held, the accommodation request should be addressed to Human Resources.

Such a request must include the duties the individual is unable to perform and the accommodation(s) requested. Such accommodations may include job restructuring, use of accrued paid leave (or once exhausted, unpaid leave), modified or part-time work schedules, acquiring equipment, or reassignment.

4. Benefits and Privileges of Employment

An employee seeking an accommodation related to the benefits and/or privileges associated with employment should notify Human Resources. Such requests should include the benefits and/or privileges of employment in which the individual is unable to participate and the accommodation requested. Such accommodations may include restructuring work areas, lunchrooms, break rooms, training rooms, and restrooms to make them available and accessible to all employees.

NOTE: Guidelines that govern facility standards are based on the date of the original construction. Additional guidelines may apply when renovations or alterations are undertaken. LHC shall coordinate construction and renovation in conjunction with appropriate state departments, as well as building code, regulatory, and leasing entities, as applicable.

5. Pregnancy, Childbirth, or Related Medical Condition

In accordance with La. R.S. 23:341-342, an applicant or employee with limitations arising from pregnancy, childbirth, or related medical conditions may request an accommodation from Human Resources. Such accommodations may include but are not limited to: providing more frequent, compensated break periods; providing a private place, other than a bathroom stall, for purposes of expressing breast milk; modifying food or drink policy; and other accommodations that permit the individual to reduce or eliminate the need for leave.

NOTE: Accommodation requests and information collected during the associated interactive process shall be limited to only those individuals with a business need-to-know.

B. Effective Communication (Title II)

A qualified individual with a speech, hearing, or vision impairment may request accommodation from the ADA Coordinator and will work with the individual so that the individual can participate equally in LHC's programs, services, and activities. Anyone who requires service for effective communication should contact the ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

C. Modifications to Policies, Procedures, or Facilities (Title II)

A qualified individual with a disability seeking modifications to policies, procedures, or facilities for equal opportunity to enjoy LHC's programs, services, and activities should contact the ADA Coordinator. Such requests should include the specific program, service, or facility that the individual is unable to access and the accommodation(s) requested.

VII. Roles & Responsibilities

Managers/Supervisors should submit requests for accommodations for their subordinate employees to the ADA Coordinator within the rules and provisions outlined within this policy. The submission must contain adequate justification and documentation to support the request.

Human Resource Staff shall provide accurate and timely information in response to questions on this policy; assist in the interpretation of rules and regulations related to this policy; and provide guidance to employees and managers on the administration of this policy. Human Resource staff shall also be responsible for conveying all requests for reasonable accommodations in the applications process to management and civil service, when applicable. Human Resources Staff shall be responsible for collecting and maintaining documentation of the interactive process related to accommodations requested and discussed; any equally effective accommodations identified; business reasons for decisions made; and actions taken on all accommodation requests. This documentation is necessary in order to satisfy annual reporting requirements pursuant to La. R.S. 46:2596.

LHC Employees shall report actual and suspected violations of this policy to the appropriate authority.

VIII. Internal Complaint Procedure

The following internal grievance procedures are available to individuals with disabilities for resolution of complaints regarding the disposition of an accommodation request or asserting any action that would be prohibited by the ADA:

A. **Employees:** LHC employees may file an internal grievance in accordance with Policy No. 29, Grievances, and elevate the complaint directly to Step 3.

B. **Applicants or General Public:** Complaints regarding the application/testing/interview process or accessibility of a program, service, or activity of the LHC may be addressed to the Human Resources Director, by writing to: 2415 Quail Drive, Baton Rouge, LA 70808; or calling (225) 763-8700.

IX. Protections

No individual shall be discriminated or retaliated against, coerced, intimidated, threatened, harassed, or interfered with for:

- Making an accommodation request;
- Opposing any act or practice made unlawful by the ADA;
- Filing a charge, testifying, assisting, or otherwise participating in an investigation, proceeding, or hearing to enforce any provision of the ADA;
- Aiding or encouraging another individual in the exercise of any right granted or protected by the ADA; or
- Having a family, business, social or other relationship or association with an individual with a known disability.

X. Questions

Questions relating to this policy and/or the employment provisions of the ADA (Title I) should be referred to the Human Resources Division.

Reasonable Accommodation Request Form

Americans with Disabilities Act(ADA)

The purpose of this form is to assist LHC 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 his/ her job safely and effectively. This form must be maintained separately from the employee's official personnel file and be treated with strict confidentiality.

INSTRUCTIONS

EMPLOYEE: Answer all questions to the best of your knowledge.
Please be sure to sign and date the form. Give completed form and any other documentation relating to your request (i.e. physician notes, additional sheets, etc.) to the Human Resources Division.

SECTION I: EMPLOYEE INFORMATION

Name	***Date of Request***
Department	***Personnel #***
Job Title	***Work #***
Supervisor's Name	***Work #***

Reg. Work Schedule:

SECTION II: ACCOMMODATION REQUESTED

What specific accommodation(s) are you requesting?

Is your accommodation(s) request time sensitive? ☐ YES ☐ NO

If you are unable to explain what specific accommodation(s) you are requesting, please list any suggestions regarding what type of accommodation may be necessary.

What, if any, job function(s) are you having difficulty performing?

What limitations are interfering with your ability to perform your job? (It is not necessary to indicate a medical diagnosis or condition.)

Have you received any accommodations from previous employers for this same limitation? If yes, what were they and how effective were they? ☐ YES ☐ NO

I authorize the release of necessary confidential medical and health information regarding my medical and health condition to LHC Human Resources. I also attest to the fact that a copy of the job description (SF-3) has been given to me for review and reference.

Employee Signature *Date*

SECTION 1: For Completion by Human Resources

INSTRUCTIONS:

Please complete Section 1 before giving this form to your employee. The employee's physical demands and job duties must be attached to this certification for the medical provider to review.

Employee Name

Date of Request

Job Title

Check box if attached:

☐ Job Description

Regular Work Schedule

☐ Physical Demands

SECTION 2: For Completion by the Health Care Provider

INSTRUCTIONS:

A request for a reasonable accommodation has been made by the above employee. We are requesting that you provide feedback to the following questions based on your medical expertise. Please answer each question fully and completely. Limit your responses to the condition for which the employee is seeking accommodation and you are specifically treating. Please be sure to sign and date the last page of this form.

The Genetic Information Nondiscrimination Act (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of an individual, except as specifically allowed by the law. To comply with this law, we are asking that you do 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'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.

Provider's Name:

Provider's Business Address:

Type of Practice/Medical Specialty:

Telephone Number:

Please review the attached physical demands and job duties to answer the following:

1. Is the employee able to perform the essential job functions of this position with or without a reasonable accommodation? ☐ YES ☐ NO
   *If **yes**, please continue to Question 2.*
   *If **no**, how long will the employee be unable to perform these job duties?*

   Num. of Weeks: *Num. of Months:* *Permanent:* ☐

2. Does the employee have a physical or mental impairment? ☐ YES ☐ NO
   *If **no**, please sign and date this form and return to the employee.*
   *If **yes**, what is the impairment?*

3. What limitation(s) is interfering with the patient/employee's ability to perform his/her job functions?

4. What adjustments to the work environment or positions responsibilities would enable the employee to perform the essential function of his/her position?

5. What, if any, adjustments need to be made to the employee's regular work schedule (see Section I) to enable the employee to perform the essential job functions of his/her position?

6. How would your suggestions improve the employee's ability to perform the essential job functions?

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

Additional Information: Identify question number with your additional answer, if applicable.

Health Care Provider's Signature *Date*