

**GWINNETT COUNTY PUBLIC SCHOOLS
EMPLOYEE REQUEST FOR ACCOMMODATIONS
ON THE BASIS OF A MEDICAL IMPAIRMENT
PROCEDURES**

1. The employee will request a copy of Health Care Provider's Request for Accommodations on the Basis of a Medical Impairment, from the Division of Human Resources. The form will be sent to the employee's home address provided via United States mail unless an alternate location is specified. A copy of the employee's job description will be enclosed in the packet. This document must be presented to the health care provider who will complete the Health Care Provider's Certification of Medical Impairment section of the document. An Authorization to Release Confidential Information form is also a part of the document. Human Resources staff will not discuss any case with any party unless the employee expressly indicates in writing that he or she approves such discussion.
2. The employee's appropriate health care provider will complete the Health Care Provider's Certification of Medical Impairment. The health care provider who completes the document should be the health care professional who has primary responsibility for the treatment of the diagnosed conditions that have given rise to the employee's request for accommodations.
3. The employee will submit a fully completed Health Care Provider's Certification of Medical Impairment, along with any other relevant medical information to the Equity Compliance Coordinator. Documentation may be returned by personal delivery, via school courier or by U.S. mail addressed to:

Joyce Spraggs, Equity Compliance Coordinator
Division of Human Resources
Gwinnett County Public Schools
437 Old Peachtree Road
Suwanee, Georgia 30024

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4. If any sections of Health Care Provider's Certification of Medical Impairment form are incomplete, the document will be returned to the employee with a request that the necessary information be completed. If any sections of the Health Care Provider's Certification of Medical Impairment are incomplete or unclear, the Division of Human Resources will implement reasonable measures to obtain the information directly from the health care provider. If these efforts are unsuccessful, the requesting employee will be advised of the need for him or her to obtain the needed information before the request for accommodations will be further considered.
5. In order to make a determination in the matter, the Equity Compliance Coordinator will consider all documentation provided and may engage in expanded consultation with the requesting party, the requesting party's supervisor and/or building administrator, the appropriate health care provider, and any other parties who have relevant information regarding the matter.

Once a determination has been made in the matter, a written Dispositional Statement will be issued to the requesting party. Where appropriate, persons who are determined to be qualified individuals with a disability within the meaning of the Americans with Disabilities Act (ADA) will be provided reasonable accommodations that will be designated to afford them an opportunity to perform the essential functions of their jobs. Efforts will also be made to identify reasonable job modifications for persons not found to be qualified individuals with a disability within the meaning of the ADA.

If no reasonable accommodation or modification can be made for an employee based on the undue hardship that would be borne by the organization or the fact that the accommodation would result in a fundamental alteration of a program, an appropriate leave determination may be made for the employee or he or she may be released from employment. Any form of leave designation will be compensated or uncompensated depending upon the individual employee's accrued leave status.

In some cases, a narrative response to a specific inquiry will be issued before or after the issuance of a Dispositional Statement. Generally, the need for this will

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occur when an employee seeks workplace accommodations or modifications beyond those approved by the Equity Compliance Coordinator or when there is a need to arrange a workplace modification prior to the distribution of a Dispositional Statement.

The supervisor of the employee who requested the accommodation will receive a Notification of Approved Accommodations or Modifications Statement. This document will provide the following information:

- a. Whether the employee has been determined to be a qualified individual with a disability within the meaning of the ADA;
- b. Which, if any, reasonable accommodations or modifications will be afforded to the employee;
- c. Guidance as to how any such accommodations or modifications will or should be provided.

Requests for Accommodations on the Basis of a Medical Impairment may be updated annually. Cases may be reviewed more frequently, if deemed appropriate by Equity Compliance Coordinator or requested by the employee, based on specific factors attendant to individual cases. Continuation of provision of services is contingent upon the employee providing updated information to the Equity Compliance Coordinator on or around the anniversary of the initial determination.

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Division of Human Resources**

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize the Equity Compliance Coordinator or his/her designee to discuss specific information and receive information from the person or persons listed below:

Name of Individual

Name of Individual

Organizational Affiliation

Organizational Affiliation

Any discussions or release of information should be specifically limited to my direct involvement in a(n):

REQUEST FOR AN ACCOMMODATION ON THE BASIS OF A MEDICAL IMPAIRMENT

_____ without any restricted access

_____ with limited access to only the information that follows:

Signature of Person
Authorizing Release of Information

Date Authorization Provided

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