CONNECTICUT DEPARTMENT OF TRANSPORTATION

POLICY STATEMENT

POLICY NO. EX.O.-17
October 5, 2015

SUBJECT: Americans With Disabilities Policy

It is the policy of the Connecticut Department of Transportation (Department) not to discriminate against qualified individuals with disabilities in any of its employment practices, programs, services, or activities, and, accordingly, to comply with the Americans With Disabilities Act (ADA) of 1990, as amended, and Connecticut General Statutes § 46a-60.

Under the ADA,

A person with a "disability" is an individual who:

- has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- has a record of such an impairment that limits a major life activity; or
- is regarded as having such an impairment.

A "qualified individual" is:

an individual who meets the skill, experience, education, and other job related requirements of a position held or desired, and who, with or without reasonable accommodation, can perform the essential functions of the job.

A "reasonable accommodation" may include:

any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity.

Under § 46a-60 of the Connecticut General Statutes, an employer, except in the case of a bona fide occupational qualification or need, cannot discriminate in its employment practices against qualified individuals who fall within the following definitions:

- Learning Disability: § 46a-51(19)

  "an individual who exhibits a severe discrepancy between educational performance and measured intellectual ability and who exhibits a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in a diminished ability to listen, speak, read, write, spell or to do mathematical calculations."

- Mental Disability: § 46a-51(20)

  "an individual who has a record of, or is regarded as having one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's 'Diagnostic and Statistical Manual of Mental Disorders'."

- Mental Retardation: § 46a-51(13) and 1-1(g)

  "a significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period."

- Physically Disabled: § 46a-51(15)

  "any individual who has any chronic physical handicap, infirmity or impairment, whether congenital or resulting from bodily injury, organic processes or changes, or from illness, including, but not limited to, epilepsy, deafness or hearing impairment or reliance on a wheelchair or other remedial appliance or device."

Reasonable Accommodation Process

1. If a qualified employee wants to request an accommodation, adjustment or change at work for a reason related to disability (taken together, "accommodation"), the employee or his or her representative (e.g., family member, friend, or health professional acting on behalf of the employee) must inform the employee's Supervisor, Manager or the Human Resource Administrator. To request an accommodation, the employee may use "plain English" and need not mention the ADA or use the phrase "reasonable accommodation." The employee need not disclose the medical condition to the Supervisor or Manager when requesting an accommodation; however, the medical condition is to be disclosed to the Office of Human Resources at the appropriate stage of the requesting process. Once aware of a situation that may be the result of a medical condition that could qualify under ADA, the Supervisor, Manager, or Human Resources Administrator should present the employee with a copy of the Department's ADA Policy and Request for Accommodation Form to initiate the formal process.
2. The request for an accommodation triggers the start of what is known as the "interactive process" between the qualified employee and the Department. The interactive process is informal, with the employee and the Department acting in good faith, to identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations.
3. Any qualified employee or his or her representative may request a reasonable accommodation for such employee with a disability by completing the form entitled "Employee Request for Accommodation Under the Americans With Disabilities Act and the Connecticut General Statutes" ("Form") (see attached), along with a copy of the job specification for the position for which the employee is seeking accommodation.
4. Submission of the Form "Employee Request for Accommodation Under the Americans With Disabilities Act and Connecticut General Statutes" to the Employee's Supervisor or Manager initiates a review by the Supervisor or Manager of the essential functions of the job to determine the operational impact, if any, of the request. The Supervisor or Manager may discuss the request with the employee to clarify what is being requested and needed. The employee does not have to disclose confidential medical information to the Supervisor or Manager. The Manager should also confer with the Office of Human Resources regarding the reasonableness of the accommodation request.

5. The Supervisor or Manager will complete the operational impact statement section and forward the form to the Director of Human Resources. The HR designee will contact the employee to continue the interactive process and ask the employee to complete the top section of the second page of the Form, provide associated medical certification, propose any accommodation and provide any cost estimates, etc.
6. The Human Resource Administrator will review the Form, the attachments and information from the interactive process discussions to make the decision to approve or deny the request on behalf of the Department. In the event of a denial, an appeal of the decision may be made, in writing, to the Office of Equal Opportunity and Diversity, 2800 Berlin Turnpike, Room 1415, Newington, CT 06131.

Qualified individuals with a disability who require an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service or activity, should contact the Human Resources Administrator at (860) 594-3100 for assistance in coordinating the requested accommodation.

The Commissioner has designated Ms. Nancy Bryant, Equal Employment Opportunity Manager, to have responsibility for all Department Affirmative Action activities and investigations of discrimination complaints pursuant to the federal and State laws listed in the Affirmative Action Policy Statement. The Department's Affirmative Action Discrimination Complaint Procedure also applies to alleged violations of the ADA. The Department's Internal Complaint Procedure does not preclude the filing of a complaint with the Connecticut Commission of Human Rights and Opportunities or the Equal Employment Opportunity Commission within 180 days of the alleged act of discrimination. Any individual requiring an alternative format for filing a complaint should contact the Office of Equal Opportunity and Diversity at (860) 594-2211 or Fax (860) 594-3060.

The Department is committed to equal opportunity for qualified persons with disabilities and their right to participate in the mainstream of American life. All managerial and supervisory personnel are expected to demonstrate this commitment in the discharge of their duties and responsibilities under the law.

NO RETALIATION

An employees that exercises his or her rights under the ADA or § 46a-60 of the Connecticut General Statutes will not be subjected to retaliation, coercion, intimidation, threats or harassment. Any employee who feels he or she is being retaliated against for exercising his or her rights under this policy should contact Ms. Nancy Bryant at 860-594-2211 for resolution or investigation of the matter.

(This Policy Statement supersedes Policy Statement No. EX.O:-17 dated April 15, 2013)

James Redeker
Commissioner

Attachment

REQUEST FOR ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT AND THE CONNECTICUT GENERAL STATUTES

Employee Name (Print): _____

Position Title: _____

Work Location: _____

Hours of Work: _____

PLEASE COMPLETE THE FOLLOWING AND SUBMIT IT TO YOUR WORK LOCATION MANAGER FOR REVIEW:

In order to consider your request, please provide a complete written explanation of the type of accommodation you are requesting in order to perform the essential functions of the above position and how the accommodation will enable you to perform those functions. Yyou are NOT required to disclose your medical condition or nature of your disability to your Supervisor or Manager.

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_____

_____

Employee Signature: _____ Date: _____

REVIEWED BY MANAGER

Manager signature: _____ Date: _____

Print Name: _____

Indicate operational impact, if any:

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MANAGER WILL SUBMIT THE FORM TO THE DIRECTOR OF HUMAN RESOURCES. EMPLOYEE WILL BE REQUIRED TO COMPLETE THE NEXT SECION AND PROVIDE THE APPROPRIATE MEDICAL CERTIFICATION OF THE DISABILITY (State of Connecticut Medical Certificate Form #P33A) TO HUMAN RESOURCES.

Describe how your condition, without an accommodation, limits your ability to perform the essential functions of your job. Be as specific as possible.

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Describe how your condition affects your ability to perform a major life activity (ies). Major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, working, performing manual tasks, eating, sleeping, standing, lifting, bending, speaking, reading, concentrating, or communicating.

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_____

Employee signature: _____ Date_____

APPROVED:

Human Resources Administrator: _____ Date: _____
SIGNATURE

Print Name: _____

Comments:

_____

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DENIED:

Human Resources Administrator: _____ Date:_____
SIGNATURE

Print Name: _____

Comments:

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If **DENIED**, employee has the right to appeal the decision to the Office of Equal Opportunity and Diversity, 2800 Berlin Turnpike, Newington, CT 06131. (Phone: 860-594-2211). The appeal must be submitted in writing within 10 working days of the denial along with a copy of this denial form.

Attachment: State Job Specification
Essential Function