



ROCKY MOUNT, NC  
THE CENTER OF IT ALL

## City of Rocky Mount Administrative Policy

### Policy: Americans with Disabilities Act (ADA)

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**Section:** Administrative Policy No. II. 41

**Prepared By:** Archie M. Jones, Human Relations Director  
Michael Baughn, Property & Risk Division Manager

**Approved By:** Rochelle D. Small-Toney, City Manager

**Effective Date:** 12-14-2020

Page 1 of 13

**Supersedes:**

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#### SECTION 1. PURPOSE

- 1.1. The purpose of this policy is to provide all employees with a detailed guide on the reasonable accommodation process. There are important steps that must be taken to ensure reasonable accommodations are documented (within the accommodation tracking system), communicated, and provided in a timely fashion. These steps ensure equal opportunity for applicants, candidates, and employees with disabilities as well as ensure City of Rocky Mount meets its legal obligations.
  
- 1.2. The City of Rocky Mount is committed to processing requests for reasonable accommodation and will provide reasonable accommodations where appropriate, promptly and efficiently in accordance with the time frames set forth in the following procedures.

## **SECTION 2. SCOPE**

- 2.1. The City of Rocky Mount values all of our employee's contributions including those who are experiencing disabilities. A reasonable accommodation primary function is to enhance workplace productivity and provide equal employment opportunities to applicants, candidates, and employees with disabilities.
  
- 2.2 The goal of this policy and process is to create a more inclusive environment where all employees can readily and efficiently request and receive reasonable accommodations necessary to reach their full potential at work. This guidance also complies with our Federal obligations under the Americans with Disabilities Act, (ADA) Section 503 of the Rehabilitation Act, and other applicable state and local disability related regulations.
  
- 2.3 ADA Definition of a Person With A Disability
  - A. An individual with a physical or mental impairment that substantially limits one or more major life activities
  - B. An individual with a record of a substantially limiting impairment
  - C. An individual who is perceived to have such as impairment

## **SECTION 3. ADA COORDINATORS**

- 3.1 The City Manager has designated ADA Co-Coordinator to oversee and advise on the reasonable accommodation process. All requests for reasonable accommodation are handled by or in conjunction with the

ADA Coordinators. The Coordinators will work with the individual's director, manager, supervisor and/or the recruiter to ensure that an appropriate accommodation is provided that meets the individual's disability-related needs and enables the individual to perform the essential functions of the position.

- 3.2 The Co-Coordinators for the City of Rocky Mount shall be:
- A. Human Relations Director
  - B. Property & Risk Division Manager

#### **SECTION 4. INTERACTIVE PROCESS**

- 4.1 The interactive process is a collaborative effort between the employee and ADA Coordinators to discuss the need for an accommodation as well as identify effective accommodation solutions. The interactive process begins when an employee discloses a disability/health condition and requests an accommodation, a manager or Human Resources representative recognizes an obvious challenge of an applicant, candidate, or employee due to a disability, or when an employee returns to work with an on-going health care condition or disability. A robust interactive process demonstrates good faith and promotes a disability inclusive workplace.

#### **SECTION 5. MEDICAL EVALUATION DETERMINATIONS**

- 5.1 Whenever a medical evaluation establishes that an employee is temporarily unable to perform all his or her essential job functions, the (ADA) Coordinators in collaboration with Human Resources and the hiring personnel authority may:
- A. Reassign the employee to a more appropriate position,

- B. Temporarily change the employee's duties; or
  - C. In consultation with the City's (ADA) Coordinators, temporarily provide the employee reasonable accommodation(s) to enable him or her to perform the essential job functions.
- 5.2 Whenever a medical evaluation not more than six (6) months old establishes that an employee is permanently incapable of performing one (1) or more of his or her essential job functions, the personnel authority shall:
- A. Collaborate with the employee and the City's ADA Coordinators to determine whether a reasonable accommodation can be made that will enable the employee to perform the essential job functions, involving the Department of Human Resources technical assistance and guidance when necessary;
  - B. If no such reasonable accommodation can be made, work with the employing department and Human Resources to non-competitively reassign the employee to another position for which the employee qualifies and can perform the essential job functions with or without a reasonable accommodation;
  - C. If the employee cannot be reasonably accommodated or reassigned to another position, the personnel authority shall advise the employee of applicable disability and retirement programs, and the program eligibility requirements; and
  - D. Separate the employee, either through a retirement program or Chapter 9.
- 5.3 Whenever a medical evaluation establishes that the employee is fit to carry out the essential job functions, and the employee continues to be deficient in either conduct or performance, the personnel authority may take administrative action against the employee pursuant to Chapter 9 of the Personnel Policy.

- 5.4 In accordance with policy No II.9 entitled Travel and Training Policy, individuals with documented disabilities as defined under the American with Disabilities act of 1990 may request a special Accommodation for travel related expenses. These expenses may include but are not limited to meals, travel, and lodging. ADA related travel accommodations must be requested a minimum of fifteen (15) business days prior to travel.

## APPENDIX A



ROCKY MOUNT, NC  
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### ADA REASONABLE ACCOMMODATION REQUEST FORM

Date Requested: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Division: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

*Please provide the following information. Use additional pages or provide documentation as needed.*

1. Identify your disability or physical or mental impairment(s) or limitation(s) ("Disability"):

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2. Explain how your disability impairs or limits your ability to perform assigned job duties:

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3. What specific accommodation(s) are you requesting, if known?

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4. Expected duration of the Disability? \_\_\_\_\_

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5. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? If *yes*, please explain or attach information.

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6. Has a health care professional recommended a specific accommodation? Please describe or attach documentation:

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7. Is your accommodation request time sensitive? If *yes*, please explain.

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8. Have you had any accommodations in the past for this same limitation? If *yes*, what were they and how did the accommodation(s) help you perform your job?

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9. Please provide any additional information that might be useful in processing your accommodation request. We will set up a time to meet to discuss your request.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

***Return this form to the City of Rocky Mount Human Relations Department.***

## APPENDIX B



ROCKY MOUNT, NC  
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### CITY OF ROCKY MOUNT AUTHORIZATION FOR LIMITED RELEASE OF MEDICAL INFORMATION

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I, \_\_\_\_\_, authorize the Nurse for the City of Rocky Mount to receive medical records and to discuss my medical condition on behalf of the City of Rocky with the following care provider: (Please provide the full name, address, and telephone numbers for all applicable providers)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

The forgoing records and medical information are limited to that information which the City needs to know to assess my reasonable accommodation request.

I understand this is the City of Rocky Mount's attempt to obtain the following medical information as indicated by initialing the following reason(s):

- \_\_\_ Confirmations that my medical condition is a disability under the Rehabilitation Act;
- \_\_\_ The functional limitation(s) or work-related restrictions associated with the stated disability;
- \_\_\_ Why the requested reasonable accommodation is needed;
- \_\_\_ Clarification of medical information previously submitted to the City;
- \_\_\_ Recommendations regarding alternative accommodations.



Policy No. II. 41 Americans With Disabilities Act

Effective Date: 12-14-2020

Page 9 of 13

The City of Rocky Mount will only request medical information that is directly related to the  
aforementioned.

*I understand that the information that is collected and discussed is to be treated with  
confidentiality. However, directly relevant information may be shared with  
supervisors/managers; other who need to know to address work restrictions and/or  
accommodations; or with those responsible for emergency treatment; and/or the City of Rocky  
Mount's ADA Coordinator and other City administration involved in order to make decisions, or  
provide advice on matters relating to my request for reasonable accommodation.*

*The release terminates 90 days after the date of the signature below.*

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Employee/Applicant Signature

Date

The Privacy Act of 1974, 5 USC § 552a, authorizes collection of this information. The purpose of this information is to process reasonable accommodation request(s). Completion of this form is not mandatory; however, failure to provide the information may result in your reasonable accommodation request not being processed. Under 29 CFR § 1630.14 additional disclosures of this information may include: (1) Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations; (2) First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and (3) Government officials investigating compliance with this part shall be provided relevant information on request.

## APPENDIX C



ROCKY MOUNT, NC  
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### CITY OF ROCKY MOUNT REASONABLE ACCOMMODATION EMPLOYER REVIEW FORM

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#### CONFIDENTIAL

Employee/Applicant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employee  Applicant  Daytime Phone #: \_\_\_\_\_

Request Date: \_\_\_\_\_ Address: \_\_\_\_\_

Describe disability and functional limitation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe accommodation being requested and purpose for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List essential functions of position and indicate whether the employee can perform the function with the requested accommodation.

- |          |         |        |         |
|----------|---------|--------|---------|
| 1. _____ | Yes ___ | No ___ | N/A ___ |
| 2. _____ | Yes ___ | No ___ | N/A ___ |
| 3. _____ | Yes ___ | No ___ | N/A ___ |

*\*Accommodation not necessary to perform this function. (attach additional pages if necessary)*

Was medical information provided? Yes \_\_\_ No \_\_\_

Accommodation Request is: Approved \_\_\_ Denied \_\_\_ Modified \_\_\_

If APPROVED, indicate what accommodation will be provided. If MODIFIED, describe modification and provide reason. If DENIED, skip this question and complete section below.

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IF REQUEST WAS DENIED, check reasons for denying the accommodation request. You may check more than one.

- The individual did not provide documentation of a disability that substantially limits a major life activity.
- The requested accommodation is ineffective (will not enable individual to perform the essential functions of the position).
- The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.
- The accommodation/modification request will:
  - Create an undue administrative burden.
  - Create an undue impact on operations.
  - Fundamentally alter the nature or operation of the facility.
  - Require lowering of current performance standard(s).
- An effective accommodation that would not pose an undue hardship was offered but rejected by the individual.

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Printed name of ADA Co-Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of ADA Co-Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## APPENDIX D



ROCKY MOUNT, NC  
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### REASONABLE ACCOMMODATION PLAN

Date of Request \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Grade \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Worksite Address: \_\_\_\_\_ Worksite Phone No: \_\_\_\_\_

The City of Rocky Mount ADA Coordinators finds that \_\_\_\_\_  
(Employee Name)

is a qualified individual with a disability as defined by the Americans with Disabilities Act (ADA).

Essential Functions of Employee's Position which employee is unable to perform:

\_\_\_\_\_  
\_\_\_\_\_

Accommodations Recommended:

\_\_\_\_\_  
\_\_\_\_\_

Accepted: \_\_\_\_\_

Rejected: \_\_\_\_\_

\_\_\_\_\_  
Employee (Representative) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head (or Designee) Signature

\_\_\_\_\_  
Date

## CITY OF ROCKY MOUNT GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination based on a disability in the provision of services, activities, programs, or benefits by the City of Rocky Mount. The City's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as the name, address, phone number of the complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Archie M Jones, Human Relations Director  
Michael Baughn, Property & Risk Division Manager  
City of Rocky Mount ADA Coordinators  
PO Box 1180  
Rocky Mount, NC 27802

Within 15 calendar days after receipt of the complaint, the ADA Coordinators or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinators or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audiotape. The response will explain the City of Rocky Mount's position and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinators or their designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager or her designee.

Within 15 calendar days after receipt of the appeal, the City Manager or her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager or her designee will respond in writing and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinators or their designee appeals to the City Manager or her designee, and responses from these two offices will be retained by the City of Rocky Mount for at least three years.