



Last Policy Update	October 16, 2023
Responsible Party	Office of Human Resources
Employees Affected	All Employees of the College

# Americans with Disabilities Act Policy

## Overview

Bryn Athyn College is committed to equal opportunity and access for people with disabilities. In compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the Americans with Disabilities Amendments Act of 2008 (ADAAA), the College does not exclude otherwise qualified persons with disabilities from participating in employment opportunities or College programs and activities. Furthermore, it is the College's policy not to discriminate against qualified individuals with disabilities regarding application procedures, hiring, advancement, discharge, compensation, training, or other privileges of employment.

## Purpose

The ADA and ADAAA provide protection for persons with disabilities from discrimination in any employment action and requires an employer to make reasonable accommodations to aid the individual in performing the essential duties of the job.

## Policy

An employee or applicant must notify the Office of Human Resources in writing of the need for accommodation. Bryn Athyn College will provide a reasonable accommodation to qualified individuals, with a disability, as defined by the ADAAA, so they can:

- Perform the essential functions of their job
- Successfully complete an application for employment

Current employees requesting accommodation who threaten the health and safety of individuals at the College will be placed on leave until an organizational decision is made about their accommodation. Individuals who are currently using illegal drugs are excluded from coverage under this policy.

## Procedure

To apply for accommodation, individuals should complete ADA request form and submit all supporting documentation to the office of human resources.

The Office of Human Resources will set up a meeting with the requestor within ten (10) business days of the request.

Following the meeting, the Office of Human Resources will provide a written response to the requestor within ten (10) business days and request medical documentation. If it is determined that the individual qualifies for an accommodation, the Office of Human Resources, in consultation with the employee's supervisor or department head, will develop an implementation plan for the accommodation, which will include the following:

- The employee's essential job functions that need accommodating
- A statement of qualification
- The recommended type(s) of accommodation

If an individual does not agree with the recommended accommodation or the determination, they may appeal the decision to the President of the College.

## Service Animals

Bryn Athyn College does not allow animals in the workplace; however, an individual with a disability may request reasonable accommodation under the ADA to bring a service animal to work when medically necessary.

The procedures outlined in the ADA policy must be followed with the added context:

- All animals need to be immunized against rabies and other diseases common to that type of animal. All vaccinations must be current, and animals must be in good health.
- Service animals must wear an owner identification tag (which always includes the name and phone number of the owner).
- Animals must always be on a leash, harness, or other type of restraint unless the employee cannot retain an animal on leash due to a disability.
- The employee must always be in full control of the animal. The care and supervision of the animal is solely the employee's responsibility. The employee is expected to clean and dispose of all animal waste appropriately.

## Appeals

Individuals may appeal determinations or accommodations to the President of the College. Requests should be made in writing within five (5) business days.

## Confidentiality

Except as required by law, all requests for accommodation, and any related medical documentation, will be kept confidential. Information will not be released without an employee's written permission, unless directly related to a request for accommodation or an appeal related to a request for accommodation.

**ADA Request Form**

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

Employee's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Describe the nature, extent and duration of your disability:

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

Describe the accommodations you believe are needed to enable you to perform the essential functions of this job:

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

Provide the name, address, telephone and fax numbers of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

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

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to [Company name] management as deemed necessary by human resources to facilitate this request for accommodation.

**Employee signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_