

Article 26: Accommodations

26.1. General Provisions

In a manner that is consistent with applicable law, the University shall provide reasonable accommodation to qualified ASEs who are disabled or become disabled and need assistance to perform the functions of their jobs. An interactive process shall be used to determine what reasonable accommodation will be made and to monitor the continuing effectiveness of the accommodation.

26.2. Medical documentation or diagnosis/verification of disability

26.2.1. Disability definition: Presence of a sensory, mental, or physical impairment that: is medically cognizable or diagnosable; or exists as a record or history; or is perceived to exist whether or not it exists in fact.

26.2.2. When requested by the University, the ASE is responsible for providing the appropriate office (Disability Services) with medical documentation identifying functional limitations and how such limitations affect the ASE's ability to perform the functions of their job. See Appendix A and B for documentation forms.

26.3. The interactive process of accommodations

26.3.1. When an ASE requests reasonable accommodation for a disability or the University has reason to believe that an accommodation is needed, the parties will engage in the interactive process, which is an ongoing dialogue between the ASE and appropriate University representatives (e.g., supervisor, departmental administrator, department or unit head, and/or **disability services** representative) about possible options for accommodating the ASE's disability. The ASE may bring a union representative to the interactive process. Options for reasonable accommodation may include, but are not limited to: assistive devices; modification of existing facilities; restructuring the job to eliminate non-essential job functions; and leaves of absence. Both the University and the ASE are expected to participate in the interactive process in good faith, which includes engaging in timely communications regarding possible reasonable accommodation.

26.3.2. Timeline: Within one week of disclosure of disability, the university must respond to initiate the interactive process. Throughout the interactive process, the university and ASE will engage in reasonably timely communications, taking into consideration the ASE's disabilities, consisting of responses within no more than a week.

26.3.3. During the interactive process, the University considers information related to: the essential functions of the job, the ASE's functional limitations; possible accommodations; and issues related to the implementation of a reasonable accommodation. This information will be used by the University to determine the type of reasonable accommodation that will be made and the implementation process. If possible, the University will present multiple

options for the ASE to consider, and the ASE will determine which accommodation(s) will be implemented.

26.3.4. ASEs may bring a support person to the interactive process meeting, which may include a union representative.

26.4: Temporary work adjustment

When the Interactive Process is initiated, the supervisor/department administrator, in consultation with the appropriate **Disability Services** team, shall assist in a temporary work adjustment until the Interactive Process is completed.

26.5: Safety-related disability accommodations

26.5.1. The University will not require nor will an ASE work in an environment that may exacerbate or worsen, or increase the risk of exacerbating or worsening, their disability or health condition.

26.5.2. For ASEs with a disability or other health condition, the University will provide job-related furniture and equipment that creates a safe work environment. The University shall make reasonable efforts to maintain safe and accessible working conditions in the workplace including, but not limited to, equipment required to carry out assigned duties, such as personal protective equipment, if requested by an ASE.

26.6 Pregnancy-related accommodations and supports

26.6.1 In reasonable proximity to the lactating parent's work location, ASEs shall have access to spaces for the purpose of expressing and storing breast milk which will be a private (locked and with no view in from the outside), clean, and quiet room equipped with a table, comfortable chair, electrical outlet, sink, dish soap, and other supplies for the cleaning and care of pumping equipment alongside adequate space to store a pump, and an insulated food container (e.g., refrigerator).

26.6.2 If no such space exists in reasonable proximity to an ASE's work location, the department will designate an appropriate temporary space that meets the above criteria, which is not open to the general public, for the purpose of expressing and storing breast milk.

26.6.3 The University will allow adequate time for an ASE to express breast milk and, if requested by the ASE, (1) provide more frequent, longer, or flexible restroom breaks, (2) modify a no food or drink policy to allow eating/drinking, (3) provide seating or allowing the employee to sit more frequently if their job requires them to stand, and (4) limit lifting work-related demands to 17 pounds or less without the need to provide written certification from a health care provider.

26.6.4 The University shall maintain a webpage listing the established lactation stations of which the University is aware, to include access instructions, and what equipment is available at each

station (e.g., sink, refrigerator). The parties may add lactation stations to this webpage periodically, which will be discussed at the request of either party. These lactation stations will be available to all ASEs. The website address for the lactation stations will be included in ASE appointment letters.

26.6.5 In addition, a pregnant employee may request other workplace accommodation(s), including, but not limited to: (1) Job restructuring, part-time or modified work schedules, reassignment to a vacant position, or acquiring or modifying equipment, devices, or an employee's work station, (2) Providing for a temporary transfer to a less strenuous or less hazardous position, (3) Scheduling flexibility for prenatal visits.

26.7: Domestic violence, sexual assault, and stalking safety accommodations

An ASE may request a reasonable safety accommodation if the employee is a victim, or perceived victim, of domestic violence, sexual assault or stalking. A safety accommodation must be equitable and voluntarily accepted by the employee, and may include, but is not limited to:

A transfer, reassignment, and modified schedule.

Changed work telephone number, changed work email address, and changed workstation,

Installed lock, implemented safety procedure, or any other adjustment to a job structure, workplace facility, or work requirement in response to actual, perceived, or threatened domestic violence, sexual assault, or stalking.

Appendix A – ASE Accommodation Request Form

1. Personal Information

Name:

Pronouns:

Primary Campus:

Local Address:

Phone Number:

WSU Email Address:

2. Please provide information about the disability(ies) for which you are requesting accommodation and the expected duration for which you will need the accommodation(s).

3. Explain how the impairment(s) listed above affect(s) your ability to perform the essential functions of your position. If you are a new employee, state the anticipated difficulties you foresee in completing your job duties. Be as specific as possible regarding the job duties you are having difficulty performing or believe you will have difficulty performing.

4. Please describe the accommodation(s) you are requesting. If there is more than one accommodation that you believe will meet your needs, please describe all possible accommodations. Note: Accommodation is any modification to a job, practice, policy, equipment, schedules, or the work environment that allows an individual with a disability to participate equally in an employment opportunity. See end of Appendix A for common examples.

5. Do you use any assistive/computer technologies? If so, please describe.

6. If applicable, please provide information about workplace accommodations and services that you have received prior to registering with this office.

7. Are you a current client with the Department of Vocational Rehabilitation? Note: this question also applies to Department of Rehabilitation services you may be receiving in a state other than Washington.

If yes, please list your DVR counselor and contact information:

8. If you are a WSU student, do you require accommodations with regard to your coursework?

9. Please list any information you feel may be helpful in our consideration of your request.

10. What is your preferred Method of communication?

Email

Phone

Additional Note or Comment

11. How do you intend to submit your documentation?

Email - As a reminder, email is not a secure form of communication.

Fax

In-Person

Upload to Application

I do not currently have documentation, but would like to schedule an informational meeting.

Additional Note or Comment

Examples of accommodations

Rest or medication breaks

Assistive Technology

Extended deadlines

Quiet/Reduced Distraction Environment

Wheelchair Access

Alternative Formats

Braille

E-Text

Enlarged Print

MP3/MP4

PDF or Word format

Text-to-Speech Software

Speech-to-Text Software

Real time captioning/CART

Sign Language Interpreter

Accessible Transportation

Reduced Work Load

Instructions in written format

Digital Voice Recorder

Emergency Evacuation Assistance

Enlarged Print for written materials

Food, water, or medication During work

Personal care attendant
Specialized Furniture
Leave of absence
Facility modification

Appendix B – Healthcare Provider Documentation Form

Provider Information

Name:

Credentials:

Phone number:

Patient Information:

Name:

Date of birth:

I am referring _____ for workplace accommodations due to a disability/condition/medical condition that is interfering with a major life function.

Disability/Medical Condition is (check one): ___Permanent___ Temporary for ___ months

On medication? ___ Yes ___ No Limiting side effects: _____

The patient's major life functioning is limited in the following area(s). Check all that apply:

___ Walking ___ Lifting ___ Seeing ___ Hearing ___ Breathing ___ Sleeping ___ Eating

___ Writing ___ Reading ___ Sitting

___ Controlling bodily function(s) ___ Communicating ___ Learning/Processing

information

___ Other: _____

Diagnosis/brief description of disability/medical condition:

Due to this disability/medical condition, the patient’s functioning is limited in the following manner:

Additional information/comments regarding functional limitations:

Suggested recommendations for accommodations:

Please list any information you feel may be helpful:

Signature