

Accommodations and Modifications Information Sheet

Thank you all for your commitment to our students and our community during these challenging times. As previously announced, to best serve our students and fulfill our mission, the College will reopen its campus and offer limited in-person interaction, in accordance with the guidance from our local public health agency.

If you have a disability for which you require a reasonable accommodation, you are encouraged to complete the attached disability accommodation request form. The College will engage in the disability-related interactive process to determine whether it can provide a reasonable accommodation. This does not always mean working remotely and requested accommodations will be assessed on an individualized basis. A reasonable accommodation may include enhanced PPE, erecting barriers, eliminating non-essential job functions, modifying work schedules, moving locations or other individualized accommodations.

If you do not have a disability, as defined by the Americans with Disabilities Act or state law, the College has developed a procedure for evaluating temporary workplace modification requests. Any employee may submit a request, particularly those who:

- Are in a vulnerable population, as currently defined by the CDC.
- Have a condition that places them in a high-risk category, as currently defined by the CDC.

Modifications may include additional PPE, job-sharing, staggered shifts, remote or virtual work, changes to one's workspace or location, or other temporary changes. The College will evaluate these requests in accordance with the following

- There will be a review panel made up of the Chief Operation Officer, Chief Academic Officer, and Chief Human Resources Officer.
 - Requests must be submitted by 12/18.
 - Requests may also be reviewed on an ongoing basis if conditions change. It is important that requests be submitted as soon as possible so that the College can apply a consistent assessment of the impact of the request on workload.
- Criteria to be considered when evaluating the request:
 - What risk factors have been identified by the employee, if any?
 - Can the role/work be performed with the requested modification?
 - If so, can the affected office remain open/functional with the requested modification?
 - Is the requested modification sustainable through the semester?

- When considering sustainability:
 - What service does the affected office/department function provide?
 - Will the college's mission still be appropriately delivered?
 - How will it affect the college's value proposition?
 - How will the requested modification impact others in the department?

Please note that the review panel may consider and suggest other possible modifications. The panel will review the requests by batch and then communicate with the supervisor and the employee about the request. The panel will then communicate the outcome to the employee and the supervisor.

If there is additional information that should be considered, decisions may be appealed back to the panel for further review within 2 business days.



ADA Request for Accommodation Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact hr@wileyc.edu or 903.927.3312.

INSTRUCTIONS This form is used by Human Resources to review requested accommodations submitted by employees.

Please do not use abbreviations on any of the fields.

Employee Name (print)	UIN	Date
Supervisor Name (print)	Job Title	
Employee's Department (Please do not abbreviate department name – print only)	Employee's Work Phone	
Employee's Work schedule (check all that apply)		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Hours _____		

In accordance with Title I, Employment, of the Americans With Disabilities Act of 1990 (ADA), Wiley College will not discriminate against a qualified individual with a disability in matters such as job application procedures; hiring, advancement or discharge practices; compensation; job training; or other terms, conditions, and privileges of employment.

Employees who request an accommodation are responsible for obtaining a medical statement that contains a diagnosis, prognosis and the major life function that is substantially limited. This medical statement should include an evaluation as to the effect that the impairment has on the employee's or prospective employee's ability to perform the duties associated with the position.

Definitions

Disability – The term “disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such impairment; or being regarded as having such an impairment.

Qualified Individual – A qualified individual means an individual who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires.

Reasonable Accommodations – Reasonable accommodations may include making existing facilities used by employees, students and the public readily accessible to and usable by individuals with disabilities; job restructuring, part-time or modified work schedules; reassignment to a vacant position; acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.

Undue Hardship – Undue hardship means an action requiring significant difficulty or expense when considered in light of the following factors:

- (a) The nature and cost of the accommodation needed;

- (b) The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility, the effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility;
- (c) The overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type, and location of its facilities; and
- (d) The type of operation or operations of the covered entity, including the composition, structure and functions of the workforce of such entity; the geographic separateness, administrative or fiscal relationship of the facility or facilities in question to the covered entity.

1. What specific accommodations are you requesting? Please provide, if possible, a description (i.e., if you are requesting a piece of equipment or device, please provide description, manufacturer, cost, where to order, etc.).

2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes No

3. Is your accommodation request time sensitive? If yes, please explain in the space provided below? Yes No

4. What, if any, job function are you having difficulty performing?

5. What, if any, employment benefit are you having difficulty accessing?

6. What limitation is interfering with your ability to perform your job or access an employment benefit?

7. Have you ever had any accommodations or job modifications in the past for the same limitation? If yes, what were they and how effective were they? Yes No

8. If you are requesting an accommodation or job modification, how will that accommodation assist in doing the essential job functions of your job?

9. Please provide any additional information that might be useful in processing your accommodation request.

I give Wiley College permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include speaking to appropriate College personnel and/or my health care professional. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I understand that I will be required to provide appropriate documentation of my disability, including the impact of my limitations on my ability to perform the essential functions of my job. I further understand that the College has the right to determine which effective reasonable accommodation will be provided.

Employee name (print)

Employee name (signature)

Date

SUBMIT FORM or for ASSISTANCE:
Human Resources Department
711 Wiley Avenue, Marshall, TX 75670
hr@wileyc.edu or Fax 800.514.4218

Office Use Only

_____ Date received	_____ Received by
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This form is subject to change based on requirements set forth by the federal government.