Clayton County Public Schools – Equity and Compliance

Request for Reasonable Accommodation (Supervisor Packet)

**Instructions for Supervisor**

# **Step 1:** Complete the “Essential Functions Analysis” form. Identify and review the essential job functions and determine how they may be affected by the functional limitation(s).

**Step 2:** Complete the “Job Analysis” form. This form should be completed after Essential Function Worksheet has been completed. A Sample Job Analysis form is included in this packet.

# **Step 3:** Return the completed forms to the CCPS Division of Equity and Compliance within 5 working days of receipt

Clayton County Public Schools

Division of Equity and Compliance

1058 Fifth Avenue

Jonesboro, GA 30236

Phone: 770.473.2700

Fax: 678.817.3084

**Step 4:** Wait for CCPS’s Equity and Compliance Division representative to contact you for an appointment to begin the interactive process of evaluating the employee’s request.

## NOTES TO SUPERVISOR:

* Clayton County Public Schools will make every effort to reasonably accommodate employees in accordance with the Americans with Disabilities Act of 1990 (ADA), as amended.
* The ADA defines disability as a mental or physical impairment that substantially limits a major life activity, and generally requires accommodation for employees who are qualified to perform their essential job duties and have a disability or have a record of having a disability.

## SUPERVISOR EXPECTATIONS:

* Be thoroughly familiar with the essential functions of the job in question
* Assess all accommodation options and propose the most appropriate accommodation(s), giving primary consideration to the those accommodations suggested by the employee
* Work with the appropriate CCPS personnel to implement the accommodation(s) as recommended by the CCPS Equity and Compliance Division in a timely manner under the totality of the circumstances
* Review the effectiveness of the accommodation(s) once implemented.

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**ESSENTIAL JOB FUNCTIONS INFORMATION FOR SUPERVISORS**

An individual with a disability must be qualified to perform the essential functions of the job with or without reasonable accommodation, in order to be protected by the ADA. This means that the applicant or the employee must:

* + Satisfy the job requirements for educational background, employment experience, skills, licenses, and any other qualification standards that are job-related
	+ Be able to perform those tasks that are essential to the job, with or without reasonable accommodation.

To comply with the requirements of the ADA, position descriptions must identify the essential job functions, and the physical and mental requirements needed to perform the essential functions.

## DEFINITIONS

Disability: a physical or mental impairment that substantially limits one or more major life activity

Essential Job Function: the fundamental job duty of a position an individual holds or desires. Essential functions are the primary job task in the position.

Marginal Job Function: a job function that would be considered a secondary job task. Although important and necessary to the position, a marginal job function could be reassigned to others and/or are performed a lesser percentage of time as compared to the essential functions. Marginal job functions would be non- critical task.

## FACTORS TO CONSIDER IN DETERMINING WHETHER THE FUNCTION IS ESSENTIAL

* + *Must the function be performed?*
	+ *Would removing this function from the job fundamentally change the job?*
	+ *Does the position exist to perform the function?*
	+ *Is special expertise or judgment required?*
	+ *Would there be a significant consequence if this function were not performed?*
	+ *Are there a limited number of other employees available to perform this function?*

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**ESSENTIAL FUNCTIONS ANALYSIS**

**Instructions:** To be completed by Department Head/Supervisor and returned to the CCPS Equity and Compliance Division **within 5 working days**. Separate checklist must be completed for each essential function of the involved employee's position. Four essential function checklists are provided in this document. Photocopy 2nd page of Essential Functions Analysis if additional checklists are needed.

|  |
| --- |
| **Employee Name: Job Title: Employee ID: Department:** |
| **Completed by: Job Title: Telephone No:** |

**Essential Function:**

|  |  |  |
| --- | --- | --- |
| **Question** | **Y / N** | **If yes, please explain** |
| Must this employee perform this function? |  |  |
| Can other current employees perform the function if this employee cannot? |  |  |
| Would removing this function from this job fundamentally change this job? |  |  |
| Does the job exist to perform this function? |  |  |
| Is special expertise or judgment required to perform this function? |  |  |
| Would there be any significant consequences if this function were not performed by this individual? |  |  |
| Did the previous employee in this position perform this function? |  |  |
| Do persons doing similar work in this or other departments also perform this function? |  |  |
| Hours per week spent performing this function: | N/A |  |

**Essential Function:**

|  |  |  |
| --- | --- | --- |
| **Question** | **Y / N** | **If yes, please explain** |
| Must this employee perform this function? |  |  |
| Can other current employees perform the function if this employee cannot? |  |  |
| Would removing this function from this job fundamentally change this job? |  |  |
| Does the job exist to perform this function? |  |  |
| Is special expertise or judgment required to perform this function? |  |  |
| Would there be any significant consequences if this function were not performed by this individual? |  |  |
| Did the previous employee in this position perform this function? |  |  |
| Do persons doing similar work in this or other departments also perform this function? |  |  |
| Hours per week spent performing this function: | N/A |  |

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**ESSENTIAL FUNCTIONS ANALYSIS**

**Essential Function:**

|  |  |  |
| --- | --- | --- |
| **Question** | **Y / N** | **If yes, please explain** |
| Must this employee perform this function? |  |  |
| Can other current employees perform the function if this employee cannot? |  |  |
| Would removing this function from this job fundamentally change this job? |  |  |
| Does the job exist to perform this function? |  |  |
| Is special expertise or judgment required to perform this function? |  |  |
| Would there be any significant consequences if this function were not performed by this individual? |  |  |
| Did the previous employee in this position perform this function? |  |  |
| Do persons doing similar work in this or other departments also perform this function? |  |  |
| Hours per week spent performing this function: | N/A |  |

**Essential Function:**

|  |  |  |
| --- | --- | --- |
| **Question** | **Y / N** | **If yes, please explain** |
| Must this employee perform this function? |  |  |
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| Is special expertise or judgment required to perform this function? |  |  |
| Would there be any significant consequences if this function were not performed by this individual? |  |  |
| Did the previous employee in this position perform this function? |  |  |
| Do persons doing similar work in this or other departments also perform this function? |  |  |
| Hours per week spent performing this function: | N/A |  |

Clayton County Public Schools

**JOB ANALYSIS**

**Must be completed by Employee's Supervisor or Department Head within 5 working days. Job Analysis should be completed after Essential Function Worksheet has been completed.**

|  |  |
| --- | --- |
| **Employee Name:** | **Employee ID:** |
| **Job Title:** | **Department:** |

**List each Essential Function of the employee's position and complete the table with text descriptions and responses in each column. A sample completed form is attached to assist you in your completion of this document.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Essential Function (EF)** | **%****Time** | **Physical Aspects of EF** | **Mental Aspects of EF** | **Methods, Techniques, Procedures for EF** | **Equipment, Tools, Materials for EF** | **Working Conditions of EF** | **Supervision for EF** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |

**Sample Job Analysis**

**SAMPLE DOCUMENT ONLY. Not to be attached to Medical Certification Form.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Essential Function** | **%****Time** | **Physical Aspects of EF** | **Mental Aspects of EF** | **Methods, Techniques, Procedures for EF** | **Equipment, Tools, Materials for EF** | **Working Conditions for EF** | **Supervision of EF** |
| Types legal documents, correspondence, etc from handwritten notes or dictation | 10% | sitting, typing, writing, walking | editing, organizing, interpreting, proces12sing | typing, copying | keyboard, computer screen, mouse, typewriter, copier | 1950's bld., open office environ.Employee works in close quarters w/ others in shared secretarial area w/ no window, central heat/air or air circulation. Private offices that form perimeter around open secretarial area have individual heat/air units and doors that close and windows that open. Small electric heaters and fans are available to all upon request. | general, receives instructions, work may be reviewed |
| Prepares request for invoice payments | 7.5% | sitting, typing, writing, walking | interpreting, adding, organizing | typing | keyboard, computer, screen, mouse, typewriter, copier |  |  |
| Files documents in courts | 7.5% | sitting, walking, standing, typing, writing, speaking | organizing, comparing, evaluating, editing | walking, mailing, organizing, sorting | computer, files |  |  |
| Answers phone, responds to callers | 10% | speaking, sitting, writing, typing | evaluating, sorting, listening | writing, typing | phone system, email, messages |  |  |



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prepares, copies, faxes, mails documents | 5% | walking, sitting, standing, stooping, carrying | editing, organizing | mailing, copying, faxing | fax machine, computer, copier |  |  |
| Dockets/files pleadings and distributes mail | 5% | walking, sitting, standing, writing, stamping | organizing, sorting, editing | typing, writing | fax machine, computer |  |  |
| Completes Motions for Summary Judgment | 10% | typing, walking carrying, standing, sitting | organizing | typing, walking, mailing, organizing | computer |  |  |
| Maintains division files | 5% | bending, walking, standing, typing | writing, reading, sorting, evaluating | typing filing | files, labels |  |  |
| Enters daily time sheets; Maintains records of leave balances for section personnel | 5% | sitting, typing | sorting, reading | typing, sorting, reviewing | computer, calendar, pens, pencils |  |  |
| Maintains Case Activity Report (sends to DOAS) | 5% | typing, copying, standing, walking | reading, sorting, organizing | typing, copying, mailing | computer, copier |  |  |
| Maintains updated legal references | 5% | standing, walking, sitting, typing | reading, sorting, organizing | filing | folders, journals, books |  |  |
| Maintains calendar and travel arrangements for assigned attorneys | 5% | sitting, walking, typing | researching, organizing, sorting | researching, gathering | desk, computer & wall calendar, |  |  |
| Maintains office supply inventory | 5% | walking, bending, stooping, lifting | organizing, sorting | researching, gathering |  |  |  |
| Attends meetings | 5% | sitting, walking | processing, retaining |  |  |  |  |
| Open cases | 10% | sitting, typing, walking | organizing, sorting | typing, filing | files, codes |  |  |