



Health Services
LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: RETURN-TO-WORK: PLACEMENT OF EMPLOYEE IN COMPATIBLE POSITION

POLICY NO: 782.1

PURPOSE:

To ensure that an employee with known physical or mental disabilities and/or who has a condition as defined by state and/or federal laws as a disability and who has been released by a physician to return-to-work is timely and individually assessed through a good faith interactive exchange of information and offered a necessary and effective reasonable accommodation(s) which will enable him/her to perform the essential functions of their job.

POLICY:

It is the policy of the Department that employees who have an illness or injury and who are released by the treating physician for that illness or injury to return-to-work shall be placed in a position consistent with the employee's medical work restrictions and qualifications to perform the essential job functions. Placement of an employee in a suitable position is considered a reasonable accommodation, where appropriate, and includes individual assessment of the employee's qualifications, work restrictions and functional capacity related to the essential functions of the job assignment. The process of identifying a suitable position may also include job modification, temporary or permanent, or reassignment to another job location or position. A search for a suitable position shall not be restricted to the employee's prior department or work location. The Return-to-Work (RTW) Coordinator may consult with the Chief Executive Officer (CEO) Return-To-Work Division to assist with facilitation of placement outside the Department of Health Services.

An employee with work restrictions may request a reasonable accommodation under the Americans with Disabilities Act (ADA). The employee may complete the "Voluntary Request for Reasonable Accommodation" form (attached) and submit it to the RTW Coordinator. Completion of this form is not mandatory. The request does not necessarily mean the employee qualifies for ADA; it simply initiates the review process and assists the process by recording information.

If an employee is no longer eligible to hold a position requiring a license, certificate, registration or permit while on approved Family Medical Leave (FMLA), the workforce member will be

APPROVED BY:
REVIEW
DATES:

EFFECTIVE DATE: January 1, 2009

SUPERSEDES: October 15, 1997

DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: RETURN-TO-WORK: PLACEMENT OF EMPLOYEE IN COMPATIBLE
POSITION

POLICY NO.: 782.1

given a reasonable opportunity to obtain or renew his/her license, certificate, registration or permit upon his/her return to work.

The RTW Coordinator will strive to provide a timely interactive process working with the employee, supervisor, and manager to modify or restructure job assignments or to find a suitable job assignment where the employee is qualified and able to effectively perform the duties of the essential job functions with or without an accommodation. Employees with work restrictions must be able to perform the essential functions of their job assignment.

AUTHORITY:

Americans with Disabilities Act
Civil Service Rule 9.08
California Government Code Sections 12940 and 31725
California Labor Code Sections 110-139.6 and 4658.1-4658.6
Title 8, California Code of Regulations, Sections 10001-10005, 10133.50-10133.60

REFERENCE:

Los Angeles County CEO Return-To-Work Guidelines

EFFECTIVE

DATE: January 1, 2009

SUPERSEDES: October 15, 1997

I need an accommodation for the following reason:

- 1. To complete the admission process for programs, services, activities or events.
- 2. To participate in programs, services, activities or events.
- 3. To complete the employment application process.
- 4. To perform essential job functions.
- 5. To have the same benefits and privileges of non-disabled employees.
- 6. To obtain evacuation assistance in a time of emergency.

Type of Accommodation Requested

(Please describe reasons for your request as specifically as possible. If related to the performance of job responsibilities, state the task(s) for which you need an accommodation, describe the difficulty you have in performing that task, and the type of accommodation you believe would be most effective). Attach additional pages, if needed.

Cost of Accommodation

If known, what is the anticipated cost of this/these accommodations? \$ _____

Do you know of any third party that would pay part or all of this accommodation (i.e., Department of Rehabilitation, Braille Institute, etc.)? Yes _____ No _____

Name of Organization:

Undue Hardship

If it is determined that the accommodation places an undue hardship on the organization, we will not be able to offer you the accommodation you request.

Signature: _____ Date: _____