

# **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

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## DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

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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

### DEPARTMENT OF HEALTH SERVICES VOLUNTARY REQUEST FOR REASONABLE ACCOMMODATION

If you have a disability that is covered (protected) under the Americans with Disabilities Act (ADA) and you are a qualified individual, you are entitled to a reasonable accommodation that does not pose an undue hardship. Reasonable accommodation may be requested for the following purposes:

- 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, and
- 6. To obtain evacuation assistance in a time of emergency.

Some types of reasonable accommodation, such as readers or interpreters, require advance notice. Advance requests are more likely to be fulfilled in all instances. However, when feasible, we will attempt to be responsive to reasonable accommodation requests whenever made.

Your request will be given thorough consideration. Upon receipt of your request, the Department ADA Coordinator will notify you within ten (10) working days of either the approval of your request or the time frame for consideration. In this process, we may discuss alternatives with you or contact you for additional information before reaching a decision. As soon as we have reached a decision, you will be informed. In all instances, you will be informed within 30 days of either a decision or progress. If a final decision is not available within 30 days, you will be notified of a resolution date.

Use this form to request a reasonable accommodation.

TO: DHS Facility ADA Coordinator		Date: (Name)		
FROM: Name			Applicant	Employee
Job Title:				
Facility		Division:		
etc.)	(Hospital, clinic, etc.)		(i.e., Human Re	sources, Finance,
Location Address: Daytime				
Telephone:	()	Best tin	Best time to contact: a.m p.m.	

I believe I am protected from discrimination under the Americans with Disabilities Act because I have a protected disability (a physical or mental impairment that substantially limits one or more major life activities) and I am a qualified applicant or I can perform the essential functions of my job with or without reasonable accommodation.

#### **Documentation of Protected Status**

When requesting reasonable accommodation, be prepared to provide documentation of your protected status. All such documentation will be treated confidentially.

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 th	is/these accor	nmodations?	\$
Do you know of any third party that would	pay part or all	of this accomm	odation (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: \_\_\_\_\_