**DISABILITY ACCOMMODATIONS POLICY**

**OUR COMMITMENT TO FAIR EMPLOYMENT**

[EMPLOYER'S NAME] is dedicated to maintaining an inclusive workplace that offers equal opportunities for all employees and job applicants. In compliance with the Americans with Disabilities Act (ADA), the ADA Amendments Act (ADAAA), and applicable state and local disability laws, including Illinois law, [EMPLOYER'S NAME] ensures fair treatment for individuals with disabilities.

We are committed to providing reasonable accommodations to qualified individuals with disabilities to enable them to perform the essential functions of their roles. This commitment applies to applicants during the hiring process and employees throughout their tenure. Reasonable accommodations will be implemented unless such accommodations result in an undue hardship for the organization.

If you require further details or have questions about accommodations, please contact the [DEPARTMENT NAME] Department.

**REQUESTING WORKPLACE ACCOMODATIONS**

How to make an accommodation request

If you believe an adjustment or accommodation is necessary due to a disability, it is your responsibility to inform the [DEPARTMENT NAME] Department. Requests can be submitted verbally or in writing. To streamline the process, [EMPLOYER'S NAME] encourages employees to provide written requests, [preferably using the company’s accommodation request form], including the following details:

* A clear explanation of the requested adjustment or accommodation.
* The reason the accommodation is needed.
* How the accommodation will assist in fulfilling the essential duties of your role.

[EMPLOYER'S NAME] processes accommodation requests in compliance with federal laws, including the ADA, as well as applicable state laws, such as Illinois’s disability accommodation requirements.

The process for evaluating requests

Once your request is received, [EMPLOYER'S NAME] will engage in an interactive discussion with you to understand the specific challenges presented by your disability and explore potential options to address them. You are welcome to propose specific accommodations that you believe will enable you to perform your responsibilities.

Please note that while [EMPLOYER'S NAME] will carefully consider your suggestions, the company is not obligated to implement the exact solution you propose. Instead, [EMPLOYER'S NAME] may offer an alternative reasonable accommodation that effectively addresses your needs, provided it does not place an undue burden on the organization.

For questions or further assistance, please reach out to the [DEPARTMENT NAME] Department.

**HANDLING MEDICAL INFORMATION FOR ACCOMMODATION REQUESTS**

Documentation requirements

If your disability or the need for an accommodation is not immediately evident, [EMPLOYER'S NAME] may request documentation to confirm that you have a qualifying disability under the ADA or relevant state and local laws. This documentation should also demonstrate how the disability necessitates the requested accommodation.

[EMPLOYER'S NAME] may also request documentation to verify compliance with Illinois’s disability laws or other state-specific requirements.

If the initial documentation provided is insufficient, [EMPLOYER'S NAME] may require an evaluation by a healthcare professional selected and paid for by [EMPLOYER'S NAME]. Failure to provide the requested documentation or attend the designated evaluation may result in a denial of your accommodation request.

Safeguarding medical records

[EMPLOYER'S NAME] treats all medical information obtained during the accommodation process as strictly confidential. This information will be securely maintained and only shared with individuals directly involved in the evaluation and implementation of accommodations, as permitted by law.

**ACCOMODATION DECISIONS**

Case-by-case assessments

[EMPLOYER'S NAME] evaluates requests for reasonable accommodations individually, taking into account specific circumstances and relevant factors to ensure a tailored determination for each situation.

Timely decisions

Efforts are made to review and decide on accommodation requests promptly. Once a decision is reached, the employee will be notified of the outcome.

Questions and follow-up

For inquiries regarding the status or details of an accommodation request, employees should reach out to [[POSITION]/the [DEPARTMENT NAME] Department] for further information.

**PROTECTION AGAINST RETALIATION**

No retaliation policy

[EMPLOYER'S NAME] strictly prohibits any form of retaliation, intimidation, or adverse treatment against individuals who request a reasonable accommodation in good faith. This includes any disciplinary action, reprisal, or harassment resulting from such requests.

Commitment to enforcement

[EMPLOYER'S NAME] is dedicated to maintaining a workplace free from retaliation and ensuring this policy is upheld. To achieve this, employees and applicants are encouraged to promptly report any incidents of retaliation or inappropriate behavior.

Reporting retaliatory behavior

If you believe that you or someone else has been subjected to retaliatory actions in violation of this policy, report the incident immediately to the [DEPARTMENT NAME] Department. Timely reporting is essential for [EMPLOYER'S NAME] to investigate and address potential violations effectively.

Importance of reporting

Unreported incidents of retaliation may hinder [EMPLOYER'S NAME]’s ability to take corrective action. By reporting concerns promptly, employees help foster a respectful and inclusive workplace.

**POLICY ADMINISTRATION**

Oversight and responsibility

The [DEPARTMENT NAME] Department oversees the implementation and enforcement of this policy. This includes addressing questions, concerns, or issues related to disability accommodations.

This policy is administered in accordance with the ADA and ADAAA, as well as state and local disability laws, such as Illinois’s relevant provisions.

Contact for inquiries

If you have any questions about this policy or require guidance on matters related to disability accommodations that are not explicitly covered, please contact the [DEPARTMENT NAME] Department for assistance and clarification.

**RELATIONSHIP TO COLLECTIVE BARGAINING AGREEMENTS**

This policy is designed to operate in harmony with the provisions of any collective bargaining agreement (CBA) between [EMPLOYER'S NAME] and a union. It does not override, modify, or replace any terms specified in the CBA.

Employee guidance

Employees covered by a CBA should consult the specific terms of their agreement to understand how it applies in conjunction with this policy. Where discrepancies arise between the policy and the CBA, the terms of the collective bargaining agreement will prevail.

For further clarification, employees are encouraged to contact the [DEPARTMENT NAME] Department or their union representative.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date