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Alabama Department of Corrections

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DONAL CAMPBELL
COMMISSIONER

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ADMINISTRATIVE REGULATION
NUMBER 222

OPR: PERSONNEL

INDIVIDUALS WITH DISABILITIES

I. GENERAL

This regulation establishes responsibilities, policies, and procedures for complying with the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973.

II. POLICY

The Alabama Department of Corrections (ADOC) shall:

- A. Not discriminate against employees and job applicants on the basis of disability.
- B. Consider reasonable accommodations and limited temporary duty assignments in disability situations.
- C. Provide handicapped accessibility to buildings and facilities.

III. DEFINITION(S) AND ACRONYM(S)

- A. Disability: A person with a "disability" is an individual who:
 - 1. Has a physical or mental impairment that substantially limits one or more major life Activities.
 - 2. Has a record of such impairment.
 - 3. Is regarded as having such impairment.

- B. Major Life Activity: A function such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
- C. Reasonable Accommodation: Any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a qualified disability and would not cause an undue hardship on the operation of the organization. Reasonable accommodations may include but not be limited to the following:
 - 1. Making existing facilities readily accessible to and usable by an individual with a disability.
 - 2. Job restructuring.
 - 3. Modifying work schedules.
 - 4. Reassignment to a vacant position.
 - 5. Acquiring or modifying equipment or devices.
 - 6. Acquiring or modifying examinations, training materials, or policies.
 - 7. Providing qualified readers or interpreters.
 - 8. Job reclassification.
- D. Limited Duty: Light duty work that may include a reduction, rearrangement, reassignment, or restructuring of work duties and responsibilities for a temporary period of time to accommodate individuals with short-term impairments.
- E. Undue Hardship: An accommodation that is excessively costly, extensive, substantial, disruptive, or that would fundamentally alter the nature or operation of the organization.
- F. Individuals: Employees, contractors, volunteers, vendors, job applicants, customers, visitors, and other persons involved with the Alabama Department of Corrections.

IV. RESPONSIBILITIES

- A. Wardens and Division Directors are responsible for ensuring compliance with the provisions of the Americans with Disabilities Act (ADA) and the Rehabilitation Act.
- B. Individuals are responsible for notifying departmental supervisors regarding any concerns under the ADA or Rehabilitation Act and for requesting an accommodation for a disability.

V. PROCEDURES

- A. An employee shall request for an accommodation for a disability or temporary impairment to the Warden or Division Director.
- B. The Warden or Division Director shall in writing (See sample memorandum, Annex A):
 - 1. Request a non-security employee to have his/her physician to complete the Physician Questionnaire, Form ADOC 222-1 (Annex B) and an Essential Functions Checklist developed for that employee's specific job classification. This Checklist will be developed on a case-by-case basis in conjunction with the Personnel Division Director.
 - 2. Request a security employee to have his/her physician complete the Physician Questionnaire, Form ADOC 222-1 (Annex B) and the Essential Functions Checklist for Correctional Officers, Form ADOC 222-2 (Annex C).
- C. If medical information reflects that the impairment is **temporary**, the Warden or Division Director will consider placing the employee on limited duty.
 - 1. If a limited duty post is not available, the Warden or Division Director will forward a recommendation to not provide limited duty through channels, including the Personnel Division Director, to the Commissioner for approval.
 - 2. If a limited duty post is available, the Warden or Division Director will place the employee on a limited duty assignment.
 - 3. After 30 days, the Warden or Division Director will require updated medical information to continue an employee's limited duty assignment.
 - 4. Any limited duty assignment that is expected to exceed 90 days will require the approval of the Commissioner. Requests for approval will be forwarded through channels, including the Personnel Division Director.
- D. If medical information indicates that the impairment is a **permanent** disability, the Warden or Division Director will consider reasonable accommodations.
 - 1. Requests for reasonable accommodations will be made through the Personnel Division Director to the Commissioner.
 - 2. Any recommendation to deny an accommodation for reason of undue hardship should be forwarded through the Personnel Division Director to the Commissioner for approval.

- E. Any individual needing building and facility accessibility should make such requests directly to the Warden or Division Director.
- F. Job applicants should make requests for testing accommodations to the Personnel Division Director or to the State Personnel Department.

VI. DISPOSITION

Any forms will be disposed of and retained according to the Departmental Records Disposition Authority.

VII. FORMS

- A. Physician Questionnaire, Form ADOC 222-1
- B. Essential Functions Checklist for Correctional Officers, Form ADOC 222-2 – Annex C

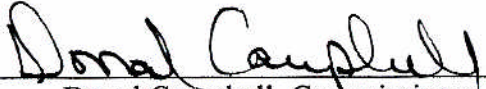
VIII. SUPERSESSION

This regulation supersedes Administrative Regulation 222, dated April 21, 1995, as amended.

IX. PERFORMANCE

This Administrative Regulation updates policy and procedures concerning individuals with disabilities and is based on the laws and regulations below.

- A. Americans with Disabilities Act, 1990
- B. Equal Employment Opportunity Commission (EEOC) Technical Assistance Manual, ADA
- C. Rules of the State Personnel Board
- D. Rehabilitation Act of 1973



Donal Campbell, Commissioner

ANNEXES

Annex A – Request for Job Related Medical Evaluation (Sample Memorandum)

Annex B – ADOC Form 222-1

Annex C – ADOC Form 222-2

SAMPLE

MEMORANDUM

TO: (Employee)

FROM: (Warden/Division Director)

SUBJECT: Request for Job Related Medical Evaluation

Job related information reflects that you are restricted from performing the essential functions of your job. Therefore we must make a determination of the appropriate action in your situation.

In order for us to make the decisions in regards to your work status, certain information is needed from your health care provider. Please have him/her to complete the attached questionnaire and return it to us within 10 days of the date you receive this request.

Any actions taken regarding your work status will occur only after a discussion with you and careful consideration of the impact on you as well as the organization. The Americans with Disabilities Act, upon which the Alabama Department of Corrections' Administrative Regulation 222 is based, will govern the process and decisions. We will consider all options available in your situation. You may refer to the cited regulation for more information.

If you have questions or need assistance regarding this request, please notify me immediately.

Enclosures: Job Description/Task Statements
Physician Questionnaire
Essential Functions Checklist

cc: DOC Personnel Director

Receipt Acknowledged: _____
Employee Signature Date

PHYSICIAN QUESTIONNAIRE

DATE: _____

TO: _____
(Printed/Typed Name of Employee's Physician)

FROM: _____ _____
 (Employee – Print/Type) (Job Class – Print/Type)

(Employee Signature)

SUBJECT: Physical/Mental Ability to Work

Please complete this questionnaire and mail it directly to my place of employment within seven days, if possible.

1. Please describe any impairment as it relates to the duties I must perform in my job, as reflected in the attached job description (attach any documents/expanded explanations).

2. Is this impairment(s) permanent or temporary? If temporary, please estimate time.

3. Can I perform the duties listed without posing a direct threat to my health or safety or to that of others?

4. Do you have an opinion about possible accommodations that would overcome any impairment described above? If so, please include this information.

5. Other information/comments: _____

(Physician Name – Print/Type)

(Physician Signature)

(Address)

(Telephone Number)

(City, State, Zip)

ADOC Form 222-1

**ALABAMA DEPARTMENT OF CORRECTIONS
ESSENTIAL FUNCTION WORK CHECKLIST
FOR CORRECTIONAL OFFICERS**

PATIENT/EMPLOYEE'S NAME: _____

INSTITUTION: _____

THE FOLLOWING ITEMS DESCRIBE ESSENTIAL ACTIVITIES THAT THIS PATIENT/EMPLOYEE MUST BE CAPABLE OF PERFORMING TO FULLY PERFORM THE JOB OF A CORRECTIONAL OFFICER.

IN A WORKDAY, THE PATIENT/EMPLOYEE MUST: (check the applicable response)

1. Sit for a prolonged period to monitor inmate activities: Yes____No____
2. Stand for a prolonged period to monitor inmate activities: Yes____No____
3. Walk for a prolonged period to patrol areas inside/outside the institution: Yes____No____
4. Bend: Yes____No____
5. Squat: Yes____No____
6. Crawl: Yes____No____
7. Climb stairs to a security tower or post: Yes____No____
8. Lift/Carry/Drag 160lbs.: Yes____No____
9. Use hands for repetitive actions such as simple grasping/pushing/pulling: Yes____No____
10. Reach above shoulder level to search high areas: Yes____No____
11. Run/Retreat for his/her personal safety and the safety of others: Yes____No____
12. Subdue and restrain violent and combative inmates to prevent fights, assaults, and to enforce the rules and regulations: Yes____No____
13. Observe assigned areas of responsibility from a security tower or post: Yes____No____
14. Qualify annually with a 12-gauge shotgun: Yes____No____
15. Fire a shotgun from a security tower: Yes____No____
16. Drive automotive equipment (car, truck, van): Yes____No____
17. Can the patient/employee work now? Yes____No____
(If no, please include the projected date this patient/employee will be capable or performing his/her duties as a Correctional Officer without limitations:_____)

ADOC Form 222-2, page 1 of 2

COMMENTS REGARDING THE PATIENT/EMPLOYEE'S LIMITATIONS:

PHYSICIAN SIGNATURE: _____ DATE: _____

ANY ADDITIONAL COMMENTS MAY BE WRITTEN ON A SEPARATE PAGE(S) AND ATTACHED IF NECESSARY.