



Snohomish County

Disability Accommodation in Employment Guidelines

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DISABILITY ACCOMMODATION IN EMPLOYMENT

I. Introduction and Purpose of the Guidelines

These Guidelines are an internal guide intended to assist Snohomish County management to appropriately handle disability-related requests for reasonable accommodation by Snohomish County employees. These Guidelines are not intended to be a restatement of specific requirements of the law, but generally state Snohomish County's view of its preferred and best practices.

The statements of policy found within this guide are not intended to create any kind of enforceable agreement or promise of specific treatment in specific situations for its employees, nor do they alter the employment relationship with any of its employees (whether at-will or otherwise). Snohomish County reserves the right to make changes to these Guidelines at any time and for any reason.

For questions on this these guidelines, please call the Human Resources Department, 425-388-3411.

II. General Statement

As an employer, Snohomish County has an obligation under state and federal law to attempt reasonable accommodations for employees who are unable to perform essential functions of their jobs due to disabilities.

As detailed in these Guidelines, Snohomish County's overall goal is to engage in an interactive process with an employee who is a "qualified individual with a disability" to identify reasonable accommodations that will allow him or her to perform the essential functions of the job, and further to provide such reasonable accommodations unless to do so is an undue hardship.

The general process for meeting this goal, including definitions of key terms, is set forth in more detail below. Understand, however, that most matters involving requests for disability-related accommodation are case-specific. When handling such matters, do not hesitate to seek assistance from the Human Resources Department at 425-388-3411.

III. Definitions

Disability: generally, one has a “disability” under these Guidelines if the individual has a sensory, mental or physical impairment that has a substantially limiting effect upon his or her ability to perform his or her job. Neither the duration of an impairment, nor the presence of mitigating measures (things that ameliorate a condition) should be considered in determining whether one meets this definition.

“Qualified individual” with a disability: refers to whether an individual maintains the requisite skill, experience, education and other job-related requirements of the employment position such individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position.

Interactive Process: the collaborative effort involving an employer and employee to determine the precise work limitations resulting from an employee’s disability, as well as potential reasonable accommodations that could overcome those limitations and allow an employee to perform the essential functions of his or her position.

Reasonable accommodation: a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to perform the essential functions of their job.

Essential Functions (of a job): the fundamental job duties of the position that the individual with a disability holds or desires (not including marginal functions).

Marginal Functions (of a job): functions that are not considered essential to a job. Employers must consider removing marginal job functions as an accommodation under the ADA, but do not have to remove essential functions as an accommodation.

Undue Hardship: refers to the situation where a proposed accommodation would require an employer to incur significant difficulty or expense, when considered in light of certain factors, including the nature and cost of the accommodation in relationship to the size, resources, nature, and structure of the employer’s operation. Employers do not have to provide accommodations that cause an undue hardship.

Direct Threat: a significant risk of substantial harm to the health or safety of an employee with a disability, or others that cannot be eliminated or reduced by reasonable accommodation.

Reassignment: a method of reasonable accommodation, considered as a last step in the process when other efforts at accommodation have been exhausted (i.e. such efforts failed due to being ineffective, or because they constituted an undue hardship). Reassignment means the transfer of an employee to a vacant, non-promotional position for which the employee is qualified.

IV. The Reasonable Accommodation Process

Notice of need for accommodation. The process for determining whether and how to provide a reasonable accommodation of an employee's disability begins when the employer is put on notice of the need for such an accommodation. There are many ways this can occur.

An employee may raise the issue overtly, whether in oral or written form, by making an explicit request for an accommodation to his/her supervisor. Snohomish County maintains a Reasonable Accommodation Request Form (*Addendum A*), which an employee may use for this purpose. However, an employee is not required to make a request in writing, and is also not required to use any kind of "magic words" to trigger our obligations. It is enough that they put us on notice of the need for some help in performing particular job tasks, or that some condition is making such tasks more difficult than normal. In fact, an employee might say nothing at all and we would still be on notice of the need for accommodation.

For instance, where a supervisor or co-workers have objectively observed an employee having difficulties performing job tasks for reasons that could reasonably relate to a physical, mental, or sensory disability, supervisors should not ignore the issue, even where the employee has failed to come forward. Similarly, if a supervisor observes that an employee's job performance is deficient and believes that this may be due to a medical condition, the supervisor should not ignore her observations. In such circumstances, the supervisor should consult with the Human Resources Department to determine the appropriate action, which may be as simple as sitting down with the employee and asking if there is anything going on that they need help with.

Interactive process. Once Snohomish County is put on notice of the potential need for accommodation, management representatives should (in consultation with the Human Resources Department) begin the interactive process.

The interactive process is a dialogue between the employee and the employer to identify the contours of the employee's limitations, and to help identify potential accommodations to address them. It need not be unduly formal. Both the employer *and the employee* have a duty to cooperate in this process.

Sometimes, the process will require the employee to obtain information from his/her doctors to assist the employer in determining the extent and probable duration of the employee's limitations, and to help identify potential accommodations. Management representatives should consult with Human Resources prior to seeking such information, as the law places limits on the circumstances under which such information may be sought, as well as its extent (for example, information from doctors is unnecessary where the limitation and need for accommodation is known or obvious). Sample letters that might be sent to the employee and the employee's doctors are included with these Guidelines

(Addendum B and C). When such letters are issued, it is the employee’s responsibility to obtain the information requested from the healthcare provider in a timely manner and provide it to the County.

Once the extent of the employee’s limitations is understood, the employer should consider any suggested options to accommodate the employee, but also actively attempt to consider other options too, weighing the effectiveness of the accommodation, its cost, its impact on operations, and any other relevant factors. Ultimately, the employer may choose among effective accommodations and is not obligated to abide by the employee’s preferred method of accommodation—at least so long as the chosen method of accommodation is effective. Determining a method of accommodation is very much fact-specific and should be done in close consultation with Human Resources.

Some examples of reasonable accommodations may include, but are not limited to:

- acquisition of devices to assist with performing key tasks;
- workstation modification;
- modified work schedule;
- removal of marginal functions.

Provision of reasonable accommodation. Once some method of accommodation is chosen, management representatives should memorialize what they have offered in a written “Confirmation of Proposed Accommodation” letter to the employee (*Addendum D*). Importantly though, management representatives should not treat the provision of an accommodation as the end of the matter. Accommodation methods should be evaluated both initially, and over time, as to their effectiveness (i.e. whether they are meeting their purpose of allowing the employee to perform the essential functions of their position). If the chosen form of accommodation is proving ineffective, the interactive process should continue to attempt to identify alternative means of accommodation. If chosen, these too should be monitored and evaluated for effectiveness. In sum, the interactive process contemplates some reasonable degree of trial and error, and should not be deemed complete by providing an initial accommodation.

If no reasonable accommodation is available. If, after a reasonable amount of effort, the interactive process fails to identify an accommodation that would allow the employee to perform the essential functions of the job (whether because the accommodation was not effective or because it would constitute an undue hardship), Snohomish County will consider reassignment as a final method of accommodation.

Prior to reassignment, Snohomish County will provide the employee with the opportunity for a “Pre-Determination Hearing.” A management representative should draft a “Notice of Pre-Determination Hearing” letter (*Addendum E*). The letter should set forth the County’s understanding of the matter, including the functional limitations experienced by the employee, the efforts that have been made at reasonable accommodation, that such efforts have been exhausted, and that no accommodation that is not an undue hardship has proven effective. The hearing will provide the employee the opportunity to state and present evidence showing whether the employer’s understanding of the employee’s

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condition is accurate, as well as address whether the employee believes there are any further methods of accommodation that might be effective to allow him or her to perform the essential functions of his or her position.

If, after this hearing, the County determines that its understanding of the situation is accurate, and it cannot identify any further means of accommodating the employee that would not constitute an undue hardship, the employee will be notified in writing in a letter—titled “Preliminary Results of Pre-Determination Hearing”—that there are no reasonable accommodations that will allow them to perform the essential functions of their current job (*Addendum F*). The letter will also inform the employee that the County will explore options at reassigning the employee to a vacant, non-promotional position for which they are qualified, as determined by Human Resources’ “Reassignment Services.”

V. Reassignment Services

Reassignment Services is the term for the County-facilitated process for locating alternative vacant, non-promotional positions within Snohomish County government that a disabled employee can perform, with or without accommodation. As noted, it is the final step in the accommodation process.

For purposes of Reassignment Services, a position is vacant if it is currently not occupied by an employee, or if it is reasonably expected to be unoccupied within a reasonable period of time. Moreover, a position is not “vacant” until employees eligible to assume the position from a seniority-based Economic Layoff register have passed on the opportunity. A position is “non-promotional” if it is paid at the same or lower salary/classification rate as the disabled employee’s previous job.

To be eligible for a given reassignment position, the employee must meet the minimum qualifications for the job, be able to pass job-related tests, and perform the essential functions of the position (with or without accommodation). Additionally, the employee must be medically cleared to perform the work in question.

If the employee and the identified position meet these parameters, the employee should be placed in the identified open position, and should not be required to compete with other applicants for the job. Once placed, the employee must, however, successfully complete a probationary period as required by the applicable personnel rules or labor agreement.

If the employee declines an offer to be reassigned to a vacant, non-promotional position for which he/she is both qualified and able to perform essential functions, with or without reasonable accommodation, Reassignment Services may terminate. At that point, the employee will be separated from County employment and may be placed on the medical separation reinstatement/reemployment list, as stated below.

VI. Human Resources Services

Separation and HR Services. If the reassignment process is exhausted, and the County has not been able to identify a vacant, non-promotional position for which the disabled employee is qualified, the employee will be medically separated from employment. The employee will be notified of this via a “Results of Pre-Disciplinary Hearing” letter, detailing the fact that efforts at reassignment have proven unsuccessful (*Addendum G*). At that point, the employee will be placed on the reinstatement/reemployment list, per the terms of the relevant collective bargaining agreement and/or Snohomish County Code.

Also at separation, the employee will be entitled to receive “HR Services” from Human Resources (see *Addendum H*). In sum, HR Services affords the employee the ability to obtain certain County-facilitated job-finding support (as to open positions within Snohomish County government). This includes being emailed lists of available jobs within Snohomish County government, assisting the employee in setting up an automated filter to notify them of particular job openings of interest, and generally answering questions as to County job openings.

“HR Services” will be provided for one year from the date of separation. Once HR services are started, they cannot be put on hold to be continued at a later date. Written notification will be sent to the participant when HR services have ended.

VII. Step-by-Step Reasonable Accommodation Guide

Note: This is intended for illustrative purposes, and should not necessarily be understood as an all-inclusive list of actions.

STEP 1:

Notice of the potential need for an accommodation:

There are several ways, formal and informal, that an employer may become aware of the need for accommodation. These may include, but are not limited to:

- The employee makes an oral or written request for some adjustment at work (for instance—to facilities, schedule, or the manner of doing a job task) because of a medical condition (see *Addendum A*).
- The employee provides a note from a health care provider stating the need for an adjustment at work due to a medical condition.
- Supervisors/managers observe behavior that indicates the employee may be having difficulty performing an essential function of the job because of a medical condition.
- Co-workers come to management representatives with objective observations that indicate the employee may be having difficulty performing an essential function of the job because of a medical condition.

Note: An employee does not have to use the words “reasonable accommodation,” “disability,” the “ADA” or any other so-called magic words. The employee need only indicate a need for change at work because of a medical condition.

STEP 2:

Commencement of the interactive process.

Once the need for accommodation is known, management representatives should begin the interactive process to help determine the limitations at-play, and to help identify accommodations that might allow the employee to perform the job’s essential functions in spite of them. A management representative should:

- Talk with the employee to find out the nature of the employee’s impairment and its limitations. Feel free to ask if the employee has any suggestions for accommodation that they believe would be effective.
- Verify that the employee’s essential job functions are as stated in the job description; discuss this with appropriate department management and the Human Resources Department.
- Determine, in consultation with Human Resources, whether additional medical information is needed to understand the limitations imposed by the disability, as

well as any potential accommodations. If so, prepare the sample letter “Accommodation Request” letters (*Addendum B and C*) to give to the employee, who in turn should provide it to his/her doctors.

- Meet again with the employee to explain the “Accommodation Request” letters and the reasonable accommodation process that will ensue.

STEP 3:

Obtain and review medical information (if necessary).

A management representative will receive medical information provided by the employee from their doctor, if such information was requested, detailing the nature of the employee’s condition, the limitations imposed, and identifying possible accommodations. A management representative should:

- Protect this as confidential medical information and take steps to ensure it is not improperly or inadvertently disclosed.
- In conjunction with Human Resources, determine whether the information provided is sufficient to substantiate the disability, as well as to detail the functional limitations and accommodations that might be needed.
- If the information is insufficient, management representatives should explain to the employee why the information is insufficient and give the employee an opportunity to provide the missing information.
- If repeated attempts at obtaining sufficient information fail, work with Human Resources to determine next steps (which may in some circumstances allow us to send the employee to a County-paid independent doctor).

STEP 4:

Identify and choose a reasonable accommodation.

A management representative, in conjunction with Human Resources, will determine what method of reasonable accommodation is to be attempted. The employer may choose among alternative accommodations and is not obligated to provide the employee’s preferred accommodation. This choice requires consideration of the following things:

- Determining whether the reasonable accommodation is likely to be effective to allow the employee to perform the essential functions of his or her position;
- Determining whether an accommodation is feasible and does not create an undue hardship for an employer, either cost-wise or because it is unduly extensive or disruptive to operations.

Once an accommodation is chosen, draft and send a “Confirmation of Proposed Accommodation” letter (*Addendum D*) to the employee.

STEP 5:**Provide the reasonable accommodation and monitor it for effectiveness.**

Once a method of accommodation is chosen, the matter is not closed. A management representative should continue to monitor the situation to determine if the accommodation chosen is effective at allowing the employee to perform the essential functions of his or her position. If it is not, the process of identifying reasonable accommodations starts again.

- The management representative, with assistance from the Human Resources Department, will monitor the accommodation granted as to its ongoing reasonableness and effectiveness.
- If modifications are needed or the employee requests a change to an accommodation, the management representative will work with Human Resources staff to determine next steps, which may include attempting other methods at accommodation.

STEP 6:**If no reasonable accommodation is available (or effective), set up a Pre-Determination Hearing.**

If, after reasonable effort, the employer is unable to identify a method of accommodating the employee that is not considered an undue hardship, the employer may consider reassignment as a final method of accommodation. To accomplish this, the management representative should:

- Consult with Human Resources to determine whether efforts at other accommodation in the employee's current position truly have been exhausted;
- Draft and send (after consulting with Human Resources) a "Notice of Pre-Determination Hearing" letter (*Addendum E*) to the employee.

The Notice of Pre-Determination Hearing letter should set forth the nature of the employee's condition and the limitations it imposes on his or her work. It should also set forth the efforts that have been made at reasonable accommodation, the reason why such efforts have not been effective in allowing the employee to perform the essential functions of the employee's position, and the reason why the employer has deemed certain proposed accommodations, if any, to be an undue hardship. The letter should set a date for hearing and seek the employee's input to identify whether the employer's understanding of these facts are accurate.

STEP 7:**Hold the Pre-Determination Hearing, and then send "Preliminary Results of Pre-Determination Hearing" Letter (referring the employee to Reassignment Services).**

The management representative should hold the Pre-Determination Hearing, as described above. The employee may attend in person and provide a statement and evidence,

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including any additional information to be considered, such as new doctor's notes, or changed limitations. If preferred, the employee may submit such statements in writing in advance of the hearing.

If the result of the hearing is that the employer's understanding of the matter was correct, and there were no means to reasonably accommodate the employee in their original position, a "Preliminary Results of Pre-Determination Hearing" letter should be issued (*Addendum F*). The letter should state that the employer has been unable to identify an effective accommodation that would allow the employee to perform the essential functions of his or her current position. The letter should inform the employee that the County will consider them for reassignment to a vacant, non-promotional position as a last step in the accommodation process. It should further state that such services are provided in the County through Human Resources' "Reassignment Services." Make sure to notify Human Resources that the Preliminary Results of Pre-Determination Hearing Letter has been issued, so they are aware of the employee's active referral to Reassignment Services.

STEP 8:

HR provides "Reassignment Services."

If the County determines that an employee is unable to perform the essential functions of his/her position with or without reasonable accommodation, Human Resources will attempt to reassign the employee to a non-promotional position that is currently vacant or that will become vacant within a reasonable period of time. The standards relevant to such reassignment include:

- The employee must meet minimum qualifications of the position, be able to perform the essential functions of the position with or without a reasonable accommodation, be able to pass job-related tests and be medically released to perform the job.
- Any position under review for possible reasonable accommodation must be at the same or lower pay range. A higher-level position is considered a promotional opportunity and is not considered a reasonable accommodation under the law (although the employee may apply and compete for the position).
- If the employee meets all of these standards, the employee will be offered a reassignment to the position without having to compete with other applicants. Human Resources (via Reassignment Services) will step in to an ongoing hiring process to facilitate this accommodation.
- If the employee accepts the position, the employee will be moved to the vacant position and will be required to successfully complete a new probationary period, if required by the personnel rules or applicable labor agreement.
- If the employee declines a reassignment to a non-promotional position for which he/she is both qualified and able to perform the essential functions with or without a reasonable accommodation, the interactive process may be terminated, and the employee may be medically separated from the County.

STEP 9:**If Reassignment Services fails, move to medically separate the employee.**

If, after a reasonable period of time spent looking, it is determined that efforts at reassignment have been sufficiently exhausted, the County may separate the employee. At separation, the employee may be entitled to be placed on a “reemployment list,” and also to receive ongoing job-finding/coaching through a County-facilitated program called “HR Services.”

- The management representative should draft and provide the employee a letter, title “Results of Pre-Determination Hearing,” in which the employee’s condition, limitations, and attempts at accommodation are detailed (*Addendum G*). The letter should specifically include how and why attempts at reassignment have been exhausted. Finally, the letter should inform the employee he or she is being medically separated because they cannot perform the essential functions of his/her position with or without reasonable accommodation and cannot be reassigned to a vacant position for which he/she is qualified.
- The letter may inform the employee that their name will be placed on an appropriate reemployment list, per the terms of any relevant collective bargaining agreement and County Code.
- The letter should also inform the employee that they will be entitled to ongoing “HR Services” (described below) for one year from their date of separation.
- Make sure to notify Human Resources that the “Results of Pre-Determination Hearing” letter is being issued and that the employee is being separated. Work with Human Resources to draft a letter from Human Resources offering HR Services (*Addendum H*).

STEP 10:**The employee may choose to receive on-going “HR Services.”**

After efforts at reassignment have been exhausted and the employee has been medically separated from their former position, the employee may still be entitled to receive ongoing assistance in locating available work within Snohomish County government. Although the employee will no longer be entitled to non-competitive placement in a vacant, non-promotional position for which they are qualified, they may receive other help through HR Services, such as notification of available jobs, assistance in creating an automated filter of targeted jobs, and answering questions related to open positions within Snohomish County government.

“HR Services” will be provided for one year from the date of separation (provided the employee cooperates with the program). Once HR services are started, they cannot be put on hold to be continued at a later date. Written notification will be sent to the participant when HR Services have ended.

ADDENDUM “A”

Addendum A



Snohomish County Human Resources Department

REASONABLE ACCOMMODATION REQUEST FORM
For Snohomish County Employees

Please type or print clearly. Attach additional sheets, if necessary. If you need help completing this form, contact your supervisor.

Name: Last	First	Middle Initial	Department
Job Title			Work Telephone
Mailing Address (<i>Street Name and Number</i>)		Apt. #	Home Telephone
City	State	Zip Code	

Please describe (1) the limitations resulting from your medical condition that affect your employment, and (2) what aspect(s) of your employment or ability to perform your job is affected by the limitation(s).

What change to your job or workplace are you seeking? If you have physician's information that pertains to your accommodation request, please attach to this form.

Employee's Signature	Date
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Please turn this form in to your supervisor/manager.

To the Supervisor: This form should be treated with the same confidentiality as other employee medical records. If you make an accommodation, document the accommodation. Please call the Human Resources Department at 425-388-3411 for assistance with this process.

C: Personnel File

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ADDENDUM “B”

Use this sample letter as an initial response to an employee seeking some form of accommodation.

If it is necessary to obtain more information from the employee's doctors about their condition, limitations, and/or potential accommodations, follow Option B, and be sure to include the Letter to the Employee's Doctor in Appendix C, using this as a cover letter. Do not send a letter to the Employee's Doctor if choosing Option A. Finally, make sure to select either option C or DE, depending on whether the employee will be able to continue to work in the interim.

Remember though, that each case depends upon its facts, and this standard format may need to be modified as appropriate for individual cases. Seek assistance from Human Resources in conforming this general format to the particular facts of a given case.

This should be on your department's letterhead paper

SAMPLE LETTER: TO EMPLOYEE (INITIAL RESPONSE)

TO: [Employee's name]
FROM: [Management Representative and job title]
DATE: [Today's date]

RE: ***Accommodation Request***

You asked that you be given an accommodation in your position due to limitations resulting from a health and/or medical condition.

[Choose Option A or Option B]

[Option A: if the condition and/or limitations are known or obvious, and you do not require medical information]

Specifically, you have informed us that ___ [describe what employee has disclosed regarding condition and limitations, as well as requested accommodation]. We are in the process of analyzing this request.

[Option B: if the condition and/or limitations are not necessarily known or obvious, and you thus require medical information from the employee's doctors]

Specifically, you have informed us that ___ [describe what employee has disclosed regarding condition and limitations, as well as requested accommodation]. In light of this request, and to assist the County in fulfilling its duties in the interactive process, it is necessary for you to provide medical information concerning your condition, its limitations, and your ability to perform the essential duties of your position. Enclosed with this memorandum is a letter and job description for you to take to your health care provider. Please have your health care provider answer the questions in the letter and return it to me no later than [date].

[Choose Option C or Option D]

[Option C: if employee will work, but requires some interim accommodation/modification] In the interim, the County is willing to offer a temporary accommodation to enable you to continue to remain working in your present job. The County will ___ *[describe any interim accommodations we will afford]*. Please note, however, that this accommodation is only temporary, and its provision should not be taken as an indication the County considers this suitable as a permanent or ongoing long-term method of reasonable accommodation.

[Option D: if employee cannot work] It is the County's understanding that your current limitations may prevent you from working and performing all of the essential functions of your position. If this is true, you may take accrued sick leave or, if your sick leave is exhausted, you may elect to use your accrued vacation leave or unpaid leave. Please advise me as soon as possible which you will do, and please note that you must submit a written request prior to taking any leave. Additionally, please make sure to provide updated address and telephone contact information, as we may need to reach you immediately with regard to your request.

After we have fully considered the facts surrounding your request, including any further information we may have requested from you or your doctors, I will contact you to advise you of the next step in this process.

Please contact me immediately if you have any questions concerning this procedure.

C: Personnel file

ADDENDUM “C”

Use this sample letter when it is necessary to obtain information from the employee's doctors/health care providers about the employee's condition, limitations, and/or potential accommodations. This letter should be an enclosure to the initial "Sample Letter: To Employee (Initial Response)," found in Appendix B.

Remember though, that each case depends upon its facts, and this standard format may need to be modified as appropriate for individual cases. Seek assistance from Human Resources in conforming this general format to the particular facts of a given case.

This should be on your department's letterhead paper

SAMPLE LETTER: TO EMPLOYEE'S DOCTORS

[*Doctor's Name*]

[*Address*]

[*Today's Date*]

RE: [Employee's name and date of birth]

Dear [*Dr.'s name*],

Your patient, [*employee's name*], has requested an accommodation in [*his/her*] present job with Snohomish County based on [*his/her*] medical condition.

In order to consider this request, Snohomish County requires medical information concerning the condition and [*employee's name's*] ability to perform the essential duties of [*his/her*] present position. We would appreciate your assistance in this process.

The following questions are intended to aid the County in properly responding to [*employee's name's*] request. Attached for your reference in answering the questions is a job description for [*employee's name's*] present job position. [*Add here any factors that are at issue for the employee. The more facts you can provide to the health care provider, the more likely that you will get back information that is useful. For example, the employee may be claiming that he or she cannot sit for more than a half hour at a time. If so, you should include any necessity for sitting inherent in the job and particularly inquire whether there is an accommodation which could alleviate the problem.*]

1. Please refer to the attached job description. Does [*employee's name*] have a sensory, mental, or physical impairment that:
 - (a) has a substantially limiting effect on [*his/her*] ability to perform [*his/her*] job
 - or,

- (b) in the absence of an accommodation, would be aggravated by performing job functions such that the impairment would then create a substantially limiting effect on [his/her] ability to perform [his/her] job?
2. If so, what is the impairment? Please describe the impairment(s), including the nature and degree of any relevant limitations as a result of the impairment.
4. Does the impairment prevent [employee's name] from being able to perform any of the tasks described in the job description [or as identified in this letter]?
- (a) If so, please state the task(s) that [employee's name] cannot perform and the medical reason.
- (b) Is there some accommodation or some alteration in the job or workplace that would enable [employee's name] to perform the tasks identified in response to question 4(a), above? Please describe it.
5. Would performing job functions without an accommodation aggravate the impairment such that the employee would not be able to perform any of the tasks described in the job description?
- (a) If so, please state the task(s) that [employee's name] would not be able to perform and the medical reason.,
- (b) Is there some accommodation or some alteration in the job or workplace that would enable [employee's name] to perform such tasks (identified in response to question 5(a), above)?
- (c) Is there some accommodation or some alteration in the job or workplace that would enable [employee's name] to avoid the aggravation described in paragraph 1(b), above? Please describe it.
6. Is this a condition that you anticipate will be subject to improvement and/or cure? If so, when do you estimate the condition will improve or be cured?

Health Care Provider Signature _____ Date _____
Health Care Provider Printed Name _____
Address _____

Since we are unable to respond to [*employee's name*]'s request until we receive the above information from you, we would appreciate your written response by [*date*]. Thank you very much for your assistance.

Very truly yours,

[*Management Representative and job title*]

Enclosure: Job description for [*position title*]
Stamped, return envelope

C: Personnel file

ADDENDUM “D”

Use this sample letter once an accommodation has been decided upon as a result of the interactive process.

Note that the lack of description of the medical condition at issue is purposeful—lower level supervisors and leads that have not been involved in the interactive process do not have a business need to know the underlying medical condition, as opposed to the accommodation that is implemented.

Remember though, that each case depends upon its facts, and this standard format may need to be modified as appropriate for individual cases. Seek assistance from Human Resources in conforming this general format to the particular facts of a given case.

This should be on your department's letterhead paper

SAMPLE LETTER: Confirmation of Proposed Accommodation

TO: [Employee's name and job title]

FROM: [Management Representative and job title]

DATE: [Today's date]

RE: Accommodation Request (Confirmation of Proposed Accommodation)

You asked that you be given an accommodation in your position due to your health and medical condition. The purpose of this letter is to memorialize the proposed accommodations that the County is offering in response to your request.

It is our understanding that you are experiencing the following limitations with regard to the essential functions of your position: [*describe limitations in essential functions*]. To accommodate these limitations, the County will [*describe the accommodations offered*]. The County will implement this accommodation on [*date*]. Considering the information provided to us through the interactive process, we believe this should afford you the ability to perform all of your essential job functions.

We will of course continue to monitor the effectiveness of this accommodation over the next few months. However, if at any time you do not feel the proposed accommodation is effective at allowing you to perform such essential job functions, please contact me immediately at [*phone number*]. Likewise do not hesitate to contact me if you otherwise have any questions regarding this letter.

C: Personnel File

ADDENDUM ‘E’

Use this sample letter when efforts at reasonable accommodation (apart from considering reassignment) have been exhausted and no effective accommodation that is not an undue hardship has been identified.

Remember though, that each case depends upon its facts, and this standard format may need to be modified as appropriate for individual cases. Seek assistance from Human Resources in conforming this general format to the particular facts of a given case.

This should be on your department's letterhead paper

SAMPLE LETTER: Notice of Pre-Determination Hearing

TO: [Employee's name and job title]

FROM: [Management Representative and job title]

DATE: [Today's date]

RE: Notice of Pre-Determination Hearing – Employment Status

This purpose of this letter is to provide you notice that the County believes it has exhausted its efforts at finding a reasonable accommodation that would allow you to perform the essential functions of your current position, and to provide you notice and an opportunity to be heard in a Pre-Determination Hearing if you disagree with this assessment.

Specifically, you requested an accommodation on _____. [detail the employee's request for accommodation and general limitations]. After having engaged in the interactive process, it is our understanding that _____ [state facts of the case here, this includes information from the employee and health care provider on his or her ability to return to work and perform the essential functions of the position]. Accordingly, based on this information from you and your health care provider, we believe you are not medically able to perform the essential duties of your current position [position title] with or without reasonable accommodation.

Because you have not been able to perform the essential functions of your current position, with or without accommodation, you have been on extended leave. You were placed on Family and Medical Leave Act (FMLA) leave from [date] to [date]. You requested additional leave when your FMLA leave was exhausted and were placed on disability leave in accordance with the [labor agreement or personnel rules] [cite the applicable labor agreement Article # or SCC 3A.06.040(9)]. Disability leave runs concurrent with FMLA leave; therefore you were eligible for three months of disability. Your disability leave expired on [date].

In order to determine whether our understanding of your present situation is correct, a Pre-Determination Hearing is scheduled for [date] at [time] in my office. The purpose of this hearing is to give you the opportunity to respond and/or to present updated medical reports and information which you believe may bear on your ability to work, as well as identifying any further accommodation you believe would enable you to perform the essential duties of your position. Your union representative may accompany you if you wish. If you prefer, you may respond in writing, provided you present your response to me on or before [state time and date of hearing]. If you fail to appear or respond by the date of the hearing, you will be deemed to have waived your right to respond to this action.

Please contact me at [phone number] if you have any questions regarding this letter.

C: Personnel File

ADDENDUM ‘F’

Use this letter after holding the Pre-Determination Hearing, if in fact your understanding of the facts of the matter have not changed and there is no effective reasonable accommodation (that is not otherwise an undue hardship) available.

Remember though, that each case depends upon its facts, and this standard format may need to be modified as appropriate for individual cases. Seek assistance from Human Resources in conforming this general format to the particular facts of a given case.

This should be on your department's letterhead paper

SAMPLE LETTER

Preliminary Results of Pre-Determination Hearing

TO: [Employee's name and job title]

FROM: [Management Representative and job title]

DATE: [Today's date]

RE: Preliminary Results of Pre-Determination Hearing

On [date of hearing] a pre-determination hearing was held to make a determination regarding your ability to perform the essential functions of your position as [position title]. Present at the hearing were [list those in attendance].

Based on the medical information we received from your medical provider, [name of medical provider] dated [date], and from you it is our understanding that you have a medical condition that prevents you from performing the essential functions of your position. Further, it is our understanding based on information from [medical care provider or employee] that there is no reasonable accommodation available that would enable you to perform the essential functions of your position now or in the future.

At the hearing you presented the following information [state what information and/or documentation was provided]. [Add information specific to the employee's position, department, etc.].

Based on the information considered, I have determined that you are unable to perform the essential functions of your current position as [position title] with or without reasonable accommodation.

At the hearing, you were informed that if the County determined that it had exhausted its efforts at finding a reasonable accommodation that would enable you to perform the essential functions of your current position, it would consider reassignment to a vacant,

non-promotional position within Snohomish County government as a final method of attempted accommodation. At the hearing, you expressed your wish to [receive/decline] such “Reassignment Services” from the County.

[Receive Option: *Therefore, I am referring you to the Human Resources Department for Reassignment Services. A member of the Human Resources Department will contact you to initiate this process. If you have any questions in the interim, please contact Human Resources at 425-388-3411.*

[Decline Option: *Because you have indicated you are not interested in pursuing reassignment as a final method of accommodation, the accommodation process will be terminated. Therefore, effective immediately, you are medically separated from Snohomish County employment, and your name will be placed on the reinstatement/reemployment list in accordance with applicable law, SCC 3A.06.040(9), attached and [if applicable, article of labor agreement, e.g. Article 13, Section 11 of the AFSCME Master Labor Agreement], attached].*

We understand that this notification may cause you and your family personal concern, and want to remind you that we have an Employee Assistance Program. This program is available for your use, should you desire assistance in dealing with any of your concerns. Snohomish County employees are usually limited to three visits. Any use of this program is strictly confidential. A brochure is attached for you. Please contact Human Resources at 425-388-3411 for information on the Long-Term Disability Program and COBRA benefits.

Sincerely,

[Management Representative and job title]

Attachment: EAP Brochure

C: Personnel file

ADDENDUM “G”

Use this letter after you are informed that efforts at reassignment have been exhausted (or the employee has declined to participate further in them) and no position has been offered through Reassignment Services.

Remember though, that each case depends upon its facts, and this standard format may need to be modified as appropriate for individual cases. Seek assistance from Human Resources in conforming this general format to the particular facts of a given case.

This should be on your department's letterhead paper

SAMPLE LETTER: Results of Pre-Determination Hearing

TO: [Employee's name and job title]

FROM: [Management Representative and job title]

DATE: [Today's date]

RE: Results of Pre-Determination Hearing – Employment Status

On [Date], a Pre-Determination Hearing was held to determine whether you are able to perform the essential functions of your position as a [job title]. You were present at the hearing along with [names].

On [Date], we issued a Preliminary Results of Predetermination Hearing letter based on the medical information received from you and your medical provider (attached). As discussed in that letter, Snohomish County determined that you are unable to perform the essential functions of your position as a [job title] with or without reasonable accommodation now or in the reasonably foreseeable future. In lieu of a final determination regarding your employment status, however, you were referred to Snohomish County Human Resources Reassignment Services to determine whether there was a vacant, non-promotional position in the County to which you could be reassigned.

[Option A: if the employee declines further Reassignment Services] On [Date], we were notified that you no longer wish to pursue reassignment services and request being medically separated (attached). Therefore, effective immediately, you are medically separated from Snohomish County employment, and your name will be placed on the reinstatement/reemployment list in accordance with applicable law, SCC 3A.06.040(9), attached, and [if applicable, article of labor agreement, e.g. Article 13, Section 11 of the AFSCME Master Labor Agreement], attached].

[Option B: if efforts at reassignment fail and/or are exhausted] Unfortunately, Reassignment Services has been unable to locate a vacant, non-promotional position for which you are qualified. [Detail efforts, if appropriate]. Moreover, Reassignment

Services also does not foresee any such non-promotional position for which you are qualified coming available in the reasonably foreseeable future. Accordingly, the County believes it has exhausted its reasonable efforts at reassignment to a different position as a final method of accommodation. For this reason, you will be medically separated from your employment as of _____. Your name will be placed on the reinstatement/reemployment list in accordance with applicable law, SCC 3A.06.040(9), attached, and [if applicable, article of labor agreement, e.g. Article 13, Section 11 of the AFSCME Master Labor Agreement], attached].

Although you have been medically separated from employment with Snohomish County, you are eligible to receive ongoing job-search services (deemed “HR Services”) from Snohomish County Human Resources regarding open positions in Snohomish County government. You will receive a separate letter from Human Resources detailing these benefits. In the interim, please contact the Human Resources Department at 425-388.3411 if you have any questions relating to HR Services. However, if you are not interested in receiving HR Services, please contact Human Resources as soon as practicable to indicate you do not wish to participate in HR Services.

I recognize the difficulty and stress that this presents to you and your family and want you to be aware that you can use the County’s Employee Assistance Program to assist you with this transition. Any use of this program is strictly confidential. A brochure is attached for you. Please contact Human Resources at 425-388-3411 for information on Long Term Disability, Life Insurance Waiver of Premium, and COBRA benefits.

Enclosures: EAP brochure

C: Personnel file
Human Resources

ADDENDUM ‘H’

This letter will come from Human Resources. However, to ensure the process moves forward, the affected Department should create the initial document, and contact Human Resources for finalizing it and sending it to the employee.

This should ultimately be put on Human Resources Department's letterhead paper

SAMPLE LETTER

HR Services

[Date]

[Employee Name]

[Employee Home Address]

[Employee City, State, Zip Code]

Dear [Employee Name]:

Our records show that you were medically separated on _____ and your name was placed on the reinstatement list/reemployment list. This letter is to confirm that, as a result of your medical separation, and for one year from your date of separation, you are entitled to receive job-search assistance for open positions within Snohomish County government. This program is called "HR Services."

In sum, HR Services affords you the following benefits: (1) you will receive an emailed list of available open positions within Snohomish County government (please make sure to provide Human Resources with your updated email address and contact information); (2) you will receive assistance, upon request, in setting up an automated filter that will send you notifications of openings for positions you are targeting; (3) you will have access to Human Resources professionals to answer general questions you may have about currently available jobs within Snohomish County government.

Please note that in addition to the one-year limitation on HR Services, we will also discontinue assistance if: you find work elsewhere; you indicate to us you are no longer interested in participating with HR services; or if you are offered a position with Snohomish County but you decline the offer.

If you are not interested in receiving HR Services at all, please contact the Human Resources Department at 425-388-3411 to notify them as soon as practicable of your decision. You may also use this number to contact the Human Resources Department

regarding any further questions you may have with regard to HR Services. Thank you for your attention to this matter.

The Human Resources Department phone number is 425-388-3411. If you would like to meet with us or if you have questions, please let us know.

Sincerely,

[Name]
Human Resources

C: Personnel File