DEPARTMENT: Administration/Personnel  BY: Catherine Harmon  PHONE: 966-5694

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes X  No__)

Adopt this resolution approving amendment of Section VIII to the Mariposa County Equal Employment Opportunity and Affirmative Action Policy and Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS: The Board of Supervisors adopted an Affirmative Action Plan, dated February 25, 1975, amended by Resolution 90-301 on June 12, 1990. This amendment will bring this plan into compliance with the newly implemented Americans with Disabilities Act.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Do not approve this resolution and risk being out of compliance with State and Federal Regulations.
2. Make any changes or modifications to this resolution.

COSTS:  ( ) Not Applicable
A. Budgeted current FY $ __________
B. Total anticipated costs $ __________
C. Required additional funding $ __________
D. Internal transfers $ __________

SOURCE:  ( ) 4/5ths Vote Required
A. Unanticipated revenues $ __________
B. Reserve for contingencies $ __________
C. Source description: _______
Balance in Reserve for Contingencies, if approved: $ __________

SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively:

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CLERK'S USE ONLY:
Res. No.: 123__32  Ord. No. ______
Vote - Ayes: __________  Noes: __________
Absent: __________  Abstained: __________
Approved:  X  Denied: __________
( ) Minute Order Attached  ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: ____________________________

ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: Deputy

ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on agenda as:

☑ Recommended
☐ Not Recommended
☐ For Policy Determination
☐ Submitted with Comment
☐ Returned for Further Action

Comment: ______________________________________

A.O. Initials: ____________________________

Action Form Revised 5/92
SECTION VIII
REASONABLE ACCOMMODATIONS POLICY

I. STATEMENT OF PURPOSE

It is the policy of Mariposa County to provide reasonable accommodation for qualified individuals with disabilities who are employees or applicants for employment. The County of Mariposa will adhere to all applicable federal, state and local laws, regulations and guidelines with respect to providing reasonable accommodations as required to afford equal opportunity to qualified individuals with disabilities. Reasonable accommodations shall be provided in a timely and cost-effective manner.

II. DEFINITIONS

**Individual with Disability:** Any person who has or who acquired a physical or mental impairment, or who has a record of such an impairment or who is regarded as having an impairment which limits one or more major life activities, such as self care, performing manual tasks, seeing, hearing, speaking, breathing and working on a temporary or permanent basis.

**Physical or Mental Impairment:** Any physiological disorder, disfigurement or anatomical loss or limitation, or any mental or psychological disorder acquired as a result of illness, accident or birth.

**Qualified Individual with a Disability:** An individual with a disability is a person who meets legitimate skill, experience, education, or other requirements of an employment position that he or she holds or seeks, and who can perform the "essential functions" of the position with or without reasonable accommodation. Requiring the ability to perform "essential" functions assures that an individual will not be considered unqualified simply because of inability to perform marginal or incidental job functions.

**Essential Functions:** In general, the term "essential functions" means the fundamental job duties of the employment position the individual with a disability holds or desires. The term "essential functions" does not include the marginal functions of the position. A job function may be considered essential for any of several reasons, including but not limited to the following: (1) the function may be essential because the reason the position exists is to perform that function; (2) the function may be essential because of the limited number of employees available among whom the performance of that job function can be distributed; and/or (3) the function may be highly specialized so that the incumbent in the position is hired for his or her expertise or ability to perform the particular function. Evidence of whether a particular function is essential
includes, but is not limited to: (1) the employer's judgment as to which functions are essential; (2) written job descriptions prepared before advertising or interviewing applicants for the job; (3) the amount of time spent on the job performing the function; (4) the consequences of not requiring the incumbent to perform the function; (5) the terms of a collective bargaining agreement; (6) the work experience of past incumbents in the job; and/or (7) the current work experience of incumbents in similar jobs.

**Reasonable Accommodation**: Modification or an adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. Reasonable accommodation also includes adjustments to assure that a qualified individual with a disability has rights and privileges in employment equal to those of non-disabled employees. Reasonable accommodation includes, but is not limited to, modifying written or oral examinations; making facilities accessible; adjusting work schedules; restructuring jobs; providing assistive devices; and providing interpreters for the deaf or readers for the blind or learning disabled.

**Reasonable Accommodation Committee (RAC)**: A committee to review and monitor provision of reasonable accommodations to employees or applicants. The Committee may be composed of representatives from Personnel, Administrative Office and operating department or agency involved.

**Undue Hardship**: An action requiring significant difficulty or expense when considered in light of a number of factors. These factors include the nature and cost of the accommodation in relation to the size, resource, nature, and structure of the employer's operation. Where the facility making the accommodation is part of a larger entity, the structure and overall resources of the larger organization would be considered, as well as the financial and administrative relationship of the facility to the larger organization.

III. PRACTICES

As requested, managers and supervisors shall prepare an analysis of jobs within their units, which includes defining the essential functions, elements and tasks; as well as the environment in which job activities occur. Such documentation shall be developed with the assistance of the Personnel Office and be updated and reviewed periodically.

In considering a person with a disability for employment or promotion or in any other personnel action, the existence of a disability should not adversely affect a personnel decision. Employment opportunities shall not be denied to anyone because of the need to provide a reasonable accommodation. In considering a person with a disability, it is appropriate to determine the
ability of that person to perform the essential functions of a job with reasonable accommodation. Under certain circumstances, i.e., disability is not visible, a request for medical verification of the disability is appropriate.

Appointing authority shall have the authority to make reasonable accommodations for applicants or employees which do not exceed $100.00 and are totally within the work station or work site of the person with the disability. Expenditures over $100.00 shall be noticed to the Reasonable Accommodation Committee for review and recommendation.

The Reasonable Accommodation Committee shall meet periodically on an as needed basis to review decisions on reasonable accommodations made by supervisors and appointing authorities. It shall meet as needed to review other proposed or requested accommodations. The committee shall consult with the employee or applicant with a disability's immediate supervisor and any other related staff. It shall act in a timely manner that will enable personnel actions to proceed in their regular course.

If an employee wishes to challenge an action related to reasonable accommodation, they can appeal it through the existing Discrimination Complaint Procedure (contact Personnel).

IV. PROCESS APPLICANTS/EMPLOYEES

A. APPLICANT: An applicant with a known disability needing an accommodation in the examination or interview process shall request this accommodation from the Personnel Office in a timely fashion (no later than 48 hours prior to an exam or interview). The applicant completes and returns the Reasonable Accommodation Notice Form (RAN).

B. EMPLOYEE: An employee requesting reasonable accommodation completes and returns the Reasonable Accommodation Notice Form to their appointing authority. The appointing authority shall forward copies of all requests to the Personnel office. Again, all requests over $100.00 will be noticed to the Reasonable Accommodation Committee.

C. A representative of the RAC will review the RAN and contact the applicant/employee to discuss any possible accommodations that may be required. The "verification contact" should be contacted if more information is needed.

D. Within a reasonable period of time of receipt of the RAN, the Committee will make a recommendation concerning possible reasonable accommodations. In recommending this, the RAC will consider the following:
1. Mariposa County is committed to being an equal opportunity employer as a matter of practice. Disabilities should not be a barrier to the employment of otherwise qualified individuals.

2. We will not make an accommodation for a disability that would obviously prevent an applicant from performing the essential functions of the job. For example, we will not provide a reader for a totally blind applicant for Inspector.

3. The need and the provision of reasonable accommodation must be decided case by case. Each individual is unique. Generalizations about a specific disability and accommodation needed must be avoided. A decision to grant or deny an accommodation should only be made after obtaining all necessary information. The applicant/employee should be contacted before a decision is made. What might have been successful for one individual may not be appropriate for another. An applicant/employee may have adjusted to his/her disability so that an accommodation is not necessary or wanted.

V. IMPLEMENTATION

This policy shall be implemented as a part of Mariposa County's Equal Employment Opportunity and Affirmative Action Policy and Program, Section VIII: Reasonable Accommodation Policy.
REASONABLE ACCOMMODATION NOTICE FORM

NAME: ____________________________________________

Please Print - Last Name, First Name, Middle Initial

SOCIAL SECURITY NUMBER: _________________________________

POSITION APPLIED FOR OR CURRENTLY OCCUPYING: _______________________________

DAYTIME PHONE NUMBER: _________________________________

I am an applicant/employee for/in the position named above and may require "Reasonable Accommodation". I hereby request that the Personnel Office contact me regarding reasonable accommodation and authorize the Personnel Office to verify this request.

_________________________________________        _____________________________
Applicant Signature                        Date

PLEASE DESCRIBE BELOW THE ACCOMMODATION YOU MAY NEED: ______________________________________

________________________________________

________________________________________

________________________________________

Please provide the name of a doctor, agency official or other individual who may be contacted for additional information:

NAME: _________________________________

TITLE: _________________________________

AGENCY: _________________________________

PHONE NUMBER: __________________________

FOR REASONABLE ACCOMMODATION COMMITTEE USE

_____ Approved _____ Not Needed _____ Denied

COMMENTS: ______________________________________

________________________________________

________________________________________

SIGNATURES: ___________________________        DATE:

________________________________________

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