



CONNECTICUT DEPARTMENT OF TRANSPORTATION

POLICY STATEMENT

POLICY NO. EX.O.-17

February 27, 2019

SUBJECT: Americans with Disabilities Policy

It is the policy of the Connecticut Department of Transportation (Department) not to discriminate against qualified individuals with disabilities in any of its employment practices, programs, services, or activities, and, accordingly, to comply with the Americans with Disabilities Act (ADA) of 1990, as amended, and Connecticut General Statutes § 46a-60.

Under the ADA, an individual with a disability is any person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Reasonable Accommodations

The Department will reasonably accommodate the known physical or mental limitations of an otherwise qualified individual with a disability, unless the accommodation would impose an undue burden. The Department will make every reasonable effort to determine and provide the appropriate reasonable accommodation to a qualified individual upon request. The Department, in its discretion, may require the individual to provide additional information about his or her disability or limitations and the need for an accommodation. The ADA does not require the Department to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Reasonable Accommodation Process

1. If a qualified applicant or employee wants to request an accommodation, adjustment or change at work for a reason related to disability (taken together, "accommodation"), the employee or his or her representative (e.g., family member, friend, or health professional acting on behalf of the employee) must inform the employee's Supervisor, Manager or the Human Resources Administrator. To request an accommodation, the employee may use "plain English" and need not mention the ADA or use the phrase "reasonable accommodation". The employee need not disclose the medical condition to the Supervisor or Manager when requesting an accommodation; however, the medical condition is to be disclosed to the Office of Human Resources at the appropriate stage of the requesting process. Once aware of a situation that may be the result of a medical condition that could qualify under ADA, the Supervisor, Manager, or Human Resources Administrator should present the employee with a copy of the Department's ADA Policy and Request for Accommodation Form to initiate the formal process.

2. The request for an accommodation triggers the start of what is known as the "interactive process" between the qualified employee and the Department. The interactive process is informal, with the employee and the Department acting in good faith, to identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations.
3. Any qualified employee or his or her representative may request a reasonable accommodation for such employee with a disability by completing the form entitled "Employee Request for Accommodation Under the Americans with Disabilities Act and the Connecticut General Statutes" (Form) (see attached), along with a copy of the job specification for the position for which the employee is seeking accommodation.
4. Submission of the Form to the Employee's Supervisor or Manager initiates a review by the Supervisor or Manager of the essential functions of the job to determine the operational impact, if any, of the request. The Supervisor or Manager may discuss the request with the employee to clarify what is being requested and needed. The employee does not have to disclose confidential medical information to the Supervisor or Manager. The Manager should also confer with the Office of Human Resources regarding the reasonableness of the accommodation request. The Supervisor or Manager will complete the operational impact statement section and forward the form to the Director of Human Resources. The Human Resources designee will contact the employee to continue the interactive process and ask the employee to complete the top section of the second page of the Form, provide associated medical certification, propose any accommodation and provide any cost estimates, etc.
5. The Human Resources Administrator will review the Form, the attachments and information from the interactive process discussions to make the decision to approve or deny the request on behalf of the Department. In the event of a denial, an appeal of the decision may be made, in writing, to the Office of Equal Opportunity and Diversity, P.O. Box 317546, 2800 Berlin Turnpike, Room 2225, Newington, CT 06131.

Qualified individuals with a disability who require an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service or activity, should contact the Human Resources Administrator at (860) 594-3100 for assistance in coordinating the requested accommodation.

Mr. Eric Smith, Equal Employment Opportunity Director, is responsible for all Department Affirmative Action activities and investigations of discrimination complaints pursuant to the federal and State laws listed in the Affirmative Action Policy Statement. The Department's Affirmative Action Discrimination Complaint Procedure also applies to alleged violations of the ADA. You may reach Mr. Smith at the Office of Equal Opportunity and Diversity (OEOD) by phone at (860) 594-2211 or by fax at (860) 594-3060. The email address is eric.d.smith@ct.gov, and the mailing address is Connecticut Department of Transportation, P.O. Box 317546, 2800 Berlin Turnpike, Newington, CT 06131. The Department's Internal Complaint Procedure does not preclude the filing of a complaint with the Connecticut Commission of Human Rights and Opportunities or the Equal Employment Opportunity Commission within 180 days of the alleged act of discrimination. Any individual requiring an alternative format for filing a complaint should contact the OEOD.

The Department is committed to equal opportunity for qualified persons with disabilities and their right to participate in the mainstream of American life. All managerial and supervisory personnel are expected to demonstrate this commitment in the discharge of their duties and responsibilities under the law.

NO RETALIATION

Any employee or applicant that exercises his or her rights under the ADA or § 46a-60 of the Connecticut General Statutes will not be subjected to retaliation, coercion, intimidation, threats or harassment. Any employee who feels he or she is being retaliated against for exercising his or her rights under this policy should contact Mr. Eric Smith at (860) 594-2211 for resolution or investigation of the matter.

(This Policy Statement supersedes Policy Statement No. EX.O.-17 dated December 27, 2016)



Joseph J. Giulietti
Commissioner

Attachment

REQUEST FOR ACCOMMODATION UNDER THE AMERICANS
WITH DISABILITIES ACT AND
THE CONNECTICUT GENERAL STATUTES

Employee Name (Print): _____
Position Title: _____
Work Location: _____
Hours of Work: _____

PLEASE COMPLETE THE FOLLOWING AND SUBMIT IT TO YOUR WORK LOCATION
MANAGER FOR REVIEW:

In order to consider your request, please provide a complete written explanation of the type of accommodation you are requesting in order to perform the essential functions of the above position and how the accommodation will enable you to perform those functions. You are NOT required to disclose your medical condition or nature of your disability to your Supervisor or Manager.

Employee Signature: _____ Date: _____

REVIEWED BY MANAGER

Manager signature: _____ Date: _____

Print Name: _____

Indicate operational impact, if any:

MANAGER WILL SUBMIT THE FORM TO THE HUMAN RESOURCES LIAISON. EMPLOYEE WILL BE REQUIRED TO COMPLETE THE NEXT SECTION AND PROVIDE THE APPROPRIATE MEDICAL CERTIFICATION OF THE DISABILITY ([State of Connecticut Medical Certificate Form #P33A](#)) TO HUMAN RESOURCES.

Describe how your condition, without an accommodation, limits your ability to perform the essential functions of your job. Be as specific as possible.

Describe how your condition affects your ability to perform a major life activity(ies). Major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, working, performing manual tasks, eating, sleeping, standing, lifting, bending, speaking, reading, concentrating, or communicating.

Employee signature: _____ Date: _____

Print Name: _____

APPROVED:

Human Resources Administrator: _____ Date: _____
SIGNATURE

Print Name: _____

Comments:

DENIED:

Human Resources Administrator: _____ Date: _____
SIGNATURE

Print Name: _____

Comments:

If **DENIED**, employee has the right to appeal the decision to the Office of Equal Opportunity and Diversity, P.O. Box 317546, 2800 Berlin Turnpike, Newington, CT 06131. (Phone: (860) 594-2211). The appeal must be submitted in writing within 10 working days of the denial along with a copy of this denial form.

Attachments as appropriate: State Job Specification
Essential Function