Board of County Commissioners
Leon County, Florida

Policy No. 03-04

Title: ADA Accessibility Policy

Date Adopted: January 21, 2003

Effective Date: January 21, 2003

Reference: ADA - Americans With Disabilities Act, Public Law 101-336

Policy Superseded: N/A

It shall be the policy of the Board of County Commissioners of Leon County, Florida, that a new policy, Policy No. 03-04, "ADA Accessibility Policy ," is hereby adopted, to wit:

I. Citizen Access.

A. Purpose.

Section 35.107(b) of the ADA requires public entities with 50 or more employees to establish grievance procedures for resolving complaints or violations of Titles I and II. The purpose of this policy section is to provide standard procedures for the Complaint Process associated with ADA Accessibility as it relates to citizen inquiries.

B. Definitions.

1. *Accessibility.* As it pertains to County facilities, programs, and services, the ability to gain physical access to County buildings, sidewalks, parking, public telephones, parks, and other various programs and services.

2. *Accessibility Process.* An organized procedural system that is documented, maintained, and in place to answer citizen questions and address complaints pertaining to the accessibility of County facilities, programs, and services.

3. *ADA–Americans with Disabilities Act.* Public Law 101-336, enacted July 26, 1990, which "Prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation."

4. *ADA Coordinator.* Employee designated by the County Administrator with the responsibility of facilitating and coordinating all ADA issues and requests regarding access problems or concerns for Leon County.

C. Citizen Accessibility Process.

1. The accessibility process consists of a systematic procedural description of the County's citizen complaint process. The process includes, but is not limited to:

   a. Online contact information where citizens can find the address and telephone number of the County's ADA coordinator.

   b. Contact information posted and readily available at each County facility, program, or service.

   c. Directions on how to file a complaint available online and via the posted contact telephone number.

   d. An automated form (Appendix A) that can be submitted to the ADA Coordinator online; printed out, completed, and submitted by FAX; or a phone number where a form may be requested.

D. Citizen Accessibility–Access Questions.

1. Citizen Access Questions. The question is transferred to the County ADA Coordinator for appropriate response. The ADA Coordinator shall maintain a list of County program area contact persons.

   a. The ADA Coordinator logs the call and determines to whom the call is referred for response, if necessary, or answers the question himself/herself.

   b. Once an answer to the question has been determined, the Program Area contact person notifies the ADA Coordinator who contacts the citizen with the answer to the question.

   c. ADA Coordinator follows up to ensure that the citizen's question has been answered and to determine if further action is warranted.

E. Citizen Accessibility–Access Complaints.

1. A citizen reports an access problem or concern. The complaint is transferred to the ADA Coordinator.

2. The ADA Coordinator logs the complaint and determines to whom the complaint is referred for response, if necessary, or resolves the complaint himself/herself.

3. The Program Area contact person investigates the complaint to determine if a change can be made to resolve the problem or concern.
   Some issues may need to be addressed in the form of an agenda request depending on the amount of work or funds needed to correct the problem area.

4. Once a resolution to the problem is determined, the Program Area contact person notifies the ADA Coordinator who contacts the citizen, with the proposed resolution.

5. The Program Area contact person follows up to make sure that the correction/alteration is completed as determined.

6. The ADA Coordinator follows up to ensure that the citizen's problem or concern has been adequately resolved.

II. Employees/Applicants for Employment.

A. Purpose.

This policy section establishes uniform guidance for employees and/or applicants for employment to request reasonable accommodations and file complaints of discrimination based on the Americans with Disabilities Act of 1990 (ADA) as required by state and federal law.

B. Procedures.

1. Applicants for Employment: Requests for Reasonable Accommodations.

   a. All job announcements shall include the statement, "[i]f an accommodation is needed in order to participate in the application process, please contact the Human Resources Office."

   b. Any applicant for employment may request a reasonable accommodation. The request for accommodation should specify the type of accommodation requested.

   c. An applicant may request reasonable accommodation at any time during the job application process.

   d. Any cost involved in accommodating the applicant must be approved by the department/division director or his designee in the department/division where the accommodation is being requested. When the department/division director feels that the program/division budgets do not have funding to support the accommodation, the director shall contact the ADA Coordinator before denying the request based on undue hardship.

e. The ADA Coordinator and the hiring supervisor shall initiate the necessary steps to coordinate the accommodation.

f. All original requests for accommodations and resolutions thereof shall be forwarded to the Human Resources Office after completion. Copies pertaining to a request for accommodation shall be maintained in the Human Resources Office in a secured area.

g. If the applicant is not satisfied with the decision made, he or she may appeal to the County Administrator or his/her designee.

2. Employees: Requests for Reasonable Accommodation.

a. Any employee may request reasonable accommodation under the ADA. The employee shall make such request to his or her immediate supervisor and/or ADA Coordinator. The request for accommodation shall be in writing using the Leon County Board of County Commissioners' Request for Reasonable Accommodation Form (Appendix B). The supervisor and/or the ADA Coordinator shall insure that the form is completed by the employee.

b. The supervisor shall discuss the accommodation with the employee and provide either the accommodation requested or an accommodation that is equally effective. If the supervisor believes the accommodation is not reasonable and would change the nature of the employment, the supervisor will forward the request to the ADA Coordinator for resolution. In any event, all requests for accommodations and resolution of such requests shall be forwarded to the ADA Coordinator.

c. If an employee requests accommodation to perform the essential functions of the job, the ADA Coordinator may request supporting documentation about his/her disability and functional limitations. The documentation must be from an appropriate healthcare professional.

d. If the employee provides insufficient information to substantiate a claim of disability covered by the ADA, then the County may require an employee to be independently examined by an appropriate healthcare professional of the County's choice. The examination must be job-related. The County shall pay all costs reasonably associated with the employee's independent medical examination (I.M.E.).

e. Any cost involved in providing a reasonable accommodation must be approved by the department/division director or his designee in the department/division where the accommodation is being requested. When the department/division director feels that the program/division budgets do not have funding to support the accommodation, the director shall contact the ADA Coordinator before denying the request based on undue hardship.

f. The ADA Coordinator and the supervisor shall initiate the necessary steps to coordinate the approved reasonable accommodation.

g. All original requests for accommodations and resolutions thereof shall be forwarded to the Human Resources Office after completion.

h. If the employee is not satisfied with the decision made as to the request for accommodation, he or she may appeal to the County Administrator or his/her designee.

3. Complaint Process. (This process is to be used in lieu of the Grievance Process.)

a. Any employee and/or applicant for employment with the County may file a complaint of discrimination/harassment on the basis of disability with the County. Complaints shall be filed with the Employee Relations Coordinator in the Human Resources Division. Any complaints filed internally alleging a violation of the Americans with Disabilities Act or this procedure should be reported immediately.

b. Any employee who believes he or she has been subjected to discrimination/harassment on the basis of disability must promptly bring the problem to the attention of the County. If an employee believes that he or she has been discriminated against/harassed, he or she should immediately report the problem to his/her supervisor. If the complaint involves the supervisor, or the employee is uncomfortable presenting this issue to the supervisor, then he or she should inform the Human Resources Director or Employee Relations Coordinator in the Human Resources Division.

c. If a complaint of discrimination/harassment on the basis of disability involves a County Commissioner, the employee should immediately report the problem to the Human Resources Director, the Employee Relations Coordinator in the Division of Human Resources, or the Chairman of the County Commission. If the complaint involves the Chairman of the County Commission or the employee is uncomfortable presenting this issue to the Chairman, then the employee should inform the Vice-Chairman of the County Commission, the Human Resources Director, or the Employee Relations Coordinator in the Human Resources Division.

At that time, the Human Resources Director will refer the complaint to a private law firm or private entity outside the County's political jurisdiction, previously retained, to investigate the claim (this should be complied with prior to any notification to the Board, County Administrator, or County Attorney). Once the complaint has been referred to the outside private agency or law firm for investigation, then the party involved in the complaint shall be notified.

d. Each complaint will be immediately and thoroughly investigated in a professional manner. All discrimination/harassment complaints reported to a supervisor or any member of management, shall be promptly reported to the Employee Relations Coordinator or the Human Resources Director. Actions taken to investigate and resolve discrimination/harassment complaints shall be conducted confidentially to the extent practicable, appropriate, and legal, in order to protect the privacy of the persons involved.

e. The person who is accused of engaging in discriminating/harassing behavior shall be notified and given an opportunity to respond verbally and/or in writing. Investigations may include interviews with parties involved in the incident, and if necessary, with individuals who may have observed the incident or conduct or who have relevant information or knowledge.

f. The employee making the complaint shall be notified of a decision or the status of the investigation in a timely manner. There will be no discrimination or retaliation against any individual who files a good-faith complaint, even if the investigation produces insufficient evidence to support the complaint, and even if the charges cannot be proven. There will be no discrimination or retaliation against any other individual who participates in the investigation of a discrimination/harassment complaint.

g. If the investigation substantiates the complaint, appropriate corrective and/or disciplinary action will be taken. Disciplinary action, which may include discharge, will also be taken against individuals who make false or frivolous accusation, such as those made maliciously or recklessly.

h. If deemed to be in the County's best interest, the complainant, the respondent, or both, may be placed on leave with pay during the investigation process. This decision will be made by the County Administrator or designee (for a Board employee), the County Attorney or designee (for a County Attorney employee), the Chairperson (for another Commissioner's Aide or Board Appointee), or the Vice Chairperson (for the Chairperson's Aide).

APPENDIX "A"

Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, Florida 32301
(850) 487-2220 Telephone
(850) 488-6293 Telefax

CITIZEN REQUEST FOR ACCOMMODATION FORM

Date: _____

Person Submitting Request: _____ Telephone: _____

Person the Request is for: _____ Telephone: _____

Address: _____

_____

Individuals with disabilities who wish to participate in County programs, services, or activities and who need accommodation are invited to present their requests for accommodation to the County by completing this Request for Accommodation form or by calling (850) 487-2220, at least 48 hours in advance of the event or activity.

__ Community Services

_____
Name of Activity/Service

_____
Start Date of Activity/Service

__ Board/Commission Meeting

_____
Date & Time of Meeting

_____
Location of Meeting

__ Recruitment

_____
Position Title, Position Number or Requisition Number

Assistance with (check all that apply):

__Application __Testing __Performing Essential Duties

Please describe your request for reasonable accommodation and possible solutions. If you need more room, please feel free to attach additional pages.

_____
_____
_____

Signature of Person Completing Request: _____

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APPENDIX "B"

Leon County Board of County Commissioners
Request for Reasonable Accommodation Form

Initial requests for Reasonable Accommodations shall be submitted to the supervisor and the ADA Coordinator in the Human Resources Division. All medical information is maintained separately from all personnel records and shall be kept confidential.

PART I – REQUESTOR'S INFORMATION.

Section 1 – Employee/Applicant Information (To be completed by requestor and returned to supervisor or Board's designated responsible person for reasonable accommodations):

Date:_____ Check one: [ ] Employee [ ] Applicant

Name:_____ Department/Division:_____

Job Title:_____ Work Site Location: _____

_____

Work Telephone #:_____ Home Telephone #:_____

Supervisor's Name:_____

Section 2 – Accommodation Request:

I am Requesting accommodation(s) for the following reason(s) – check relevant box(es):

[ ] To complete the employment application process.
[ ] To perform essential job function(s).
[ ] To have equivalent benefits and privileges of non-disabled employees.
[ ] To obtain evacuation assistance in a time of emergency.
[ ] Other (provide explanation):_____

How does your disability restrict your ability to accomplish the essential functions of your job responsibilities?

_____

What type of accommodation(s) do you believe would be effective? _____

PART II – APPROVAL(S).

Section 1 – Supervisor Approval (To be completed by the ADA Coordinator).

I have received your request for an accommodation. [ ] Approved [ ] Need more Review.

Comments: _____

Supervisor's Signature: _____ Date:_____

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Section 2 – Notification of need for additional information (To be completed by the supervisor or Human Resources):

We are continuing to assess your request. To make a County determination, we need the following information:

[ ] Medical documentation.

Please inform your doctor of your application for an accommodation and have your doctor send us medical documentation, indicating the limitations placed on your life functions and activities. Information should be returned by the following date _____ to your supervisor or the ADA Coordinator, Human Resources Division, 301 South Monroe Street, Tallahassee, Florida 32301.

[ ] Other

_____
_____
_____

[ ] We require no additional information from you.

Section 3 – Accommodation(s) Granted (Description of Accommodation):

_____
_____
_____
_____

Requestor's Acknowledgment:_____ Date:_____

Requestor's Comments:_____
_____
_____

The County review process includes an evaluation of all relevant information. This may include an interview with you and/or your supervisor. After completion of the review, you will receive a final copy of this form from Human Resources regarding the County's decision. We anticipate that the decision will be made by _____. If you have any questions, please call me at 850-487-2220, Ext. 113.

ADA Coordinator's Signature: _____ Date:_____

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APPENDIX "C"

Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, Florida 32301

CHARGE OF DISCRIMINATION/HARASSMENT ON THE BASIS OF DISABILITY	LCBCC#:
Name (Indicate Mr. Mrs. Or Ms.)	Social Security #: Date of Birth:
Street Address:	Home Telephone Number (Area Code):
City, State, and Zip Code:	Work (If possible, to call you there):
List the department, division, or other person who discriminated against you:	
CAUSE OF DISCRIMINATION BASED ON [Check appropriate box(es)]: [ ] Disability [ ] Retaliation	
THE PARTICULARS OF THE CASE ARE (If additional space is needed, attach extra sheets): Background: Reason for action by Respondent: Reason for Filing Charge:	
Signature of Complainant:	Date:

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