

## **AESD COVID-19 REASONABLE ACCOMMODATION<sup>1</sup> PROTOCOLS**

Adelanto Elementary School District (“AESD”) is dedicated to maintaining an environment that supports the health and safety of our employees during the COVID-19 health crisis. AESD employees who have a health condition placing them in a “High Risk” category, or who have other special circumstances as described below, may seek a reasonable accommodation in the form of a workplace modification so that they may continue to work in as safe an environment as possible. This protocol shall be applicable during the COVID-19 health crisis only and applies only until December 31, 2021, or until such earlier time as the COVID-19 health crisis is over.

All reasonable accommodation requests shall be submitted via e-mail to the Director of Risk Management Josie Stijepovic at [Josie\\_Stijepovic@aesd.net](mailto:Josie_Stijepovic@aesd.net). The request for accommodation will be reviewed through an interactive, collaborative process with the employee. All requests will be assessed and a determination made on whether the request is reasonable and approved, or not reasonable. Where applicable, the union president will be notified of the request and the outcome.

For employees seeking a health-related accommodation, the request documents will require employees to: (1) identify the health or other factors that place them at higher risk of serious illness from COVID-19 and provide medical verification of same from a licensed health care provider; (2) provide details about their work environment concerns; and, (3) indicate the type of modification and/or resources they and/or their health care provider believe are required to continue to perform their job in a safe manner.

It is the employee’s responsibility to inform the Director of Risk Management that the employee is requesting a reasonable accommodation/ workplace modification. AESD cannot provide a reasonable accommodation unless it is made aware of an employee’s need for such and the employee makes a formal request for an accommodation in accordance with this protocol.

Reasonable accommodation/workplace modification requests will be determined on a case-by-case basis considering the employee’s needs, conditions, job responsibilities, business needs of the department, feasibility of the accommodation or modification request, the cost and operational impact of the accommodation and related factors. Every effort will be made to provide a temporary accommodation while the Committee is conducting its review. Upon completion of the review process, a final determination will be made.

### **Examples of Reasonable Accommodations:**

Some examples of workplace modifications to reduce the risk of COVID-19 exposure include the use of personal protective equipment (PPE), workstation alteration (i.e. use of shield, change in entry/exit points, etc.), alternative work schedule, additional cleaning or sanitation of workstations, change in work location, working remotely, etc. In each case, the type of accommodation provided will depend on

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<sup>1</sup> The term “reasonable accommodation” as used in these Protocols is separate and distinct from a reasonable accommodation under the Americans with Disabilities Act (the “ADA”). The “reasonable accommodation” governed by this document is one related solely to and arising only out of the COVID-19 health crisis. An employee who has applied for an accommodation and/or has been granted an accommodation under these protocols is not and should not be regarded as making a request for a non-COVID accommodation under the ADA. A reasonable accommodation under the ADA, and any inquiry as to disability is, and shall continue to be, a separate inquiry.

the employee's needs and the feasibility of the accommodation to the business needs of the department and other factors referenced above.

**Procedure for Requesting an Accommodation:**

Any employee needing to request a reasonable accommodation must complete the COVID-19 Reasonable Accommodation Request Form and provide a certification from the employee's health care provider explaining why the employee is considered to be at high risk and setting forth the type of accommodation requested.

The request shall be submitted via email to the Director of Risk Management at Josie\_Stijepovic@aesd.net. The Director will review the request and documentation, with input from the employee, to determine if the requested accommodation can be granted. Employees may be asked to submit additional documentation after the initial Request Form is submitted if needed to make a determination. The Director shall make a decision on the request within seven (7) days of receipt of a complete request (i.e. the completed request form and any necessary supporting documentation). The employee will thereafter be notified, in writing, if his/her request has been granted or denied. If the employee's request is granted, the employee will be required to review and sign-off on any accommodation or modification provided. All accommodations will be granted for a specified length of time, with the employee having the option to request an extension prior to the expiration of the accommodation. In the event an accommodation request is deemed unreasonable and therefore denied, the employee may still choose to utilize the various benefits and options available per AESD policy and any applicable collective bargaining agreement, such as paid time off, an unpaid leave of absence, etc. The employee may also submit a different accommodation request for consideration.

If the employee believes that the denial is unwarranted, within five (5) days of receipt of the Director's decision, the employee may submit an appeal of the decision to the Assistant Superintendent of Human Resources. A decision on the appeal shall be made within seven (7) days of receipt of the appeal. AESD shall not retaliate or take any adverse employment action, and shall not permit any supervisor or representative of AESD to retaliate or take any adverse employment action, against any employee solely as a result of the employee exercising his/her rights under this protocol.



## COVID-19 Reasonable Accommodation Request Form

<b>Name:</b>	
<b>Phone Number:</b>	
<b>E-mail:</b>	
<b>Preferred Method of Contact:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Unit:</b>	
<b>Supervisor:</b>	

### Essential Job Functions

If you are currently working on campus, or are scheduled to return to work on campus, describe your current workplace environment (i.e. if you have regular contact with others, if you can social distance, if you work in a busy area, etc).

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AESD's COVID-19 Reasonable Accommodation Protocol identifies several categories defined by the CDC as placing an individual at high risk for COVID-19 based on age (generally 65 years and older) and health condition. The CDC has on its website a list of health conditions likely to put people at greater risk for COVID-19.

Are you requesting an accommodation because you are 65 years old or older and therefore at high risk as defined by the CDC?  Yes  No

If yes, date of birth:

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Are you requesting an accommodation because of an underlying condition, and as directed by your healthcare provider?  Yes  No

Is your condition temporary, permanent or is the duration unknown?

Temporary  Permanent  Unknown

If your condition is temporary, what is the anticipated date you will no longer need an accommodation?

What type of accommodation are you requesting? Describe in detail.

Are there any additional resources you need to perform your job safely?

Additional comments

Attach any medical or other documentation supporting your request.

I, ( \_\_\_\_\_ ), hereby request a reasonable accommodation to allow me to safely perform my job duties. I agree to cooperate with the Director of Risk Management in responding to my request, including providing the appropriate documentation, if requested. I understand that this is not a guarantee that my request will be granted, and I further understand that I may not be provided with the specific accommodation I have requested. I affirm that the above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

*AESD provides reasonable accommodations due to COVID-19 to qualified employees. It is the employee's responsibility to inform his or her supervisor and/or the Committee that he/she needs a COVID-19 related accommodation. MCC cannot provide a reasonable accommodation if it is not aware of the employee's need and desire for the accommodation. Reasonable accommodations are determined, identified and implemented by the Director of Risk Management, in collaboration with the employee and department leadership.*

*Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation, but confidential medical and other personal identifying information will be reviewed only by Risk Management.*



## COVID-19 Reasonable Accommodation Plan

<b>Name of Employee:</b>	
<b>Department/Supervisor:</b>	
<b>Position:</b>	
<b>Effective Date(s) of Accommodation:</b>	
<b>Date Accommodation Granted:</b>	
<b>Overview of Employee Responsibilities:</b>	
<b>Overview of Accommodation:</b>	

If this Plan needs to be modified or extended, the employee must make another reasonable accommodation request. Any such subsequent request is subject to review for continued reasonableness. There is no promise or guarantee that any other request will be granted.

You are expected and required to abide by all AESD policies and procedures, including attendance and absence-related procedures, unless otherwise specifically provided herein.

This Plan may be reviewed for effectiveness any time, and the Plan may be updated or revised for reasons such as but not limited to:

- If your need for accommodation changes
- The COVID-19 public health emergency concludes
- Business needs of the department change.

By signing below, I certify that I have read and understand the statements above and agree to the terms and conditions of this Accommodation Plan.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date