

**A POLICY OF BENTON PUD
PROHIBITING DISCRIMINATION ON THE BASIS OF DISABILITY AND
ACCOMMODATION REQUEST/GRIEVANCE PROCEDURES**

POLICY

In accordance with the requirements of the Americans with Disabilities Act ("ADA") and state law, it is Benton PUD's policy that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of its services, programs, or activities, or be subjected to discrimination.

ADA Coordinator:

The Benton PUD Human Resources Manager has been designated as Benton PUD's ADA Coordinator. The Human Resources Manager is located in the Benton PUD Administration Office, 2721 West 10th Avenue, Kennewick, Washington 99336, and can be reached by calling (509) 582-1227 or by fax at (509) 582-1246.

Employment:

Benton PUD does not discriminate on the basis of disability in its hiring or employment practices and provides reasonable accommodation in accordance with the ADA and state law. Disability discrimination is also prohibited under Benton PUD's Administration Directive No. 16, *Maintaining a Respectful Workplace*, a copy of which can be found on the intranet or in the Human Resources Office.

Equally Effective Communication:

Benton PUD provides appropriate aids and services to enable effective communication for persons with disabilities, so that they can participate equally in Benton PUD services, programs, and activities, including ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Programs, Policies, and Procedures:

Benton PUD makes reasonable modifications of programs, policies, and procedures to ensure that people with disabilities have an equal opportunity to enjoy all of its services, programs, and activities. For example, individuals with service animals are welcome in Benton PUD offices, even where pets are generally prohibited. The ADA does not require the District to take any action that would fundamentally alter the nature of its programs and services, or impose undue financial or administrative burden.

Auxiliary Aids and Services and Other Accommodations:

Anyone who requires an auxiliary aid or service for effective communication; a modification of programs, policies, and procedures to be able to participate in a service, program, or activity of Benton PUD; or other accommodation is to contact the ADA

Coordinator as soon as possible, but no later than ten (10) business days before the scheduled event, in accordance with the Accommodation Request Procedure, below.

No Surcharges:

Benton PUD does not place a surcharge on any individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or other reasonable accommodation.

Questions and Complaints:

Additional information concerning the ADA and the rights provided thereunder is available from the ADA Coordinator. Complaints are processed in accordance with the Grievance Procedure, below.

ACCOMMODATION REQUEST PROCEDURE

Benton PUD has adopted a process for requests for reasonable accommodation to ensure access to Benton PUD employment, services, programs, and activities.

Current Benton PUD Employees:

Benton PUD provides reasonable accommodations to enable current employees with disabilities to perform the essential functions of the position. Reasonable accommodations may be available to individuals with temporary impairments, including those related to pregnancy. Any Benton PUD employee needing accommodation is to contact his/her Manager or seek assistance from the Human Resources Department. Benton PUD Employee Disability Accommodation Request forms can be obtained on the intranet and are available in the Human Resources Office.

All Other Requests for Reasonable Accommodation:

All other requests for reasonable accommodation, including requests by applicants for employment and participants in Benton PUD services, programs, or activities, are to be made as follows:

1. Complete the Request for Reasonable Accommodation form. The form is available on the Benton PUD website (www.bentonpud.org) or through the ADA Coordinator.

Forms and related documents on the Benton PUD website (www.bentonpud.org) are available in Adobe (PDF) format. This format allows the requester to download the form and type the information, or print the form and complete the hard copy.

The ADA Coordinator is available to assist the requester with this process as needed.

2. Although the responsibility for requesting a reasonable accommodation rests primarily with the applicant or participant, the ADA Coordinator is available as a resource in the preparation, explanation, and dissemination of reasonable accommodation information and in providing technical assistance.

3. Please include the following information with the request for reasonable accommodation:

a) Name, address, and telephone number of the person requesting the accommodation.

b) The specific limitation (valid under the ADA) and the type of accommodation requested, with an explanation of how the accommodation will assist in the application/hiring process or participation in a service, program, or activity.

c) Verification of the disability by the requester's healthcare provider may be required.

4. When possible, the completed Request for Reasonable Accommodation form shall be submitted to the ADA Coordinator no later than ten (10) business days before a scheduled event. In the event this is not possible, every effort will be made to provide reasonable accommodation to qualified individuals with disabilities. The District is committed to providing reasonable accommodation if doing so does not result in an undue hardship to the District.

5. The ADA Coordinator, working in coordination with the General Manager or his/her designee, reviews the completed Request for Reasonable Accommodation form to determine whether the request can be reasonably accommodated by the requested date. The General Manager or his/her designee approves or denies all accommodation requests. The ADA Coordinator notifies the requester of the General Manager's decision to approve or deny the request by contacting the requester in the manner requested and by sending a written Notice of Accommodation.

6. The Notice of Accommodation indicates the type of accommodation that was approved and who to contact to receive the accommodation. If the request for an accommodation was not approved, the notice explains why and the appeal process.

7. If the request is denied, the requester may appeal the decision. The requester may submit the appeal to the ADA Coordinator in writing or verbally. Appeals must be received within five (5) business days after the request was denied.

8. Following receipt of an appeal, the ADA Coordinator contacts the General Manager to review the appeal and determine what alternative accommodations might be available. The ADA Coordinator contacts the requester within ten (10) business days after receipt of the appeal to inform the requester of the final decision regarding the accommodation request.

GRIEVANCE PROCEDURE

Benton PUD has adopted a grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the ADA or state law. Benton PUD prohibits retaliation for making complaints or participating in an investigation.

The Benton PUD Administration Directive No. 16, *Maintaining a Respectful Workforce*, governs employee-related complaints of disability discrimination. All other complaints should be addressed to the ADA Coordinator, using the following procedure:

1. A complaint shall be filed verbally or in writing, contain the name and address of the person filing the complaint, and briefly describe the alleged violation.
2. A complaint shall be filed within ten (10) business days after the complainant becomes aware of the alleged violation.
3. An investigation follows the filing of a complaint, when appropriate and necessary as determined by the ADA Coordinator and General Manager. The ADA Coordinator, working in coordination with the General Manager or his/her designee, conducts the investigations. The investigation is informal or formal as needed, thorough, and affords all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. The ADA Coordinator, working in coordination with the General Manager or his/her designee, issues a written evaluation as to the validity and resolution of the complaint and forwards a copy to the complainant within thirty (30) business days after the filing of the complaint. Such time period may be extended by the ADA Coordinator and/or the General Manager as necessary to ensure adequate investigation of the complaint.
5. The ADA Coordinator maintains the files and records of Benton PUD relating to any and all ADA complaints that are filed.
6. If the grievance impacts the budget, the ADA Coordinator will keep the Board of Commissioners informed as to the nature of the grievance, and the Board of Commissioners may be involved in its resolution.

7. Prompt and equitable resolution of a complaint filed hereunder is not impaired by the person's pursuit of other remedies, such as the filing of an ADA complaint with the responsible federal or state department or agency.

Request for Reasonable Accommodation Form



Date: _____

Person Requesting Accommodation: _____

Phone Number: _____

Address _____

City _____ State _____ Zip Code _____

Please Contact me by Phone Mail Other _____

When possible, the completed Request for Reasonable Accommodation form shall be submitted to the ADA Coordinator no later than ten (10) business days before a scheduled event. In the event this is not possible, every effort will be made to provide reasonable accommodation to qualified individuals with disabilities. The District is committed to providing reasonable accommodation unless doing so would result in an undue hardship to the District.

Board/Commission Meeting

Date

Time

Location of Meeting

Service/Program/Activity

Name of Service/Program/Activity

Date of Service/Program/Activity

Application/Hiring Process

Position Title

Assistance with (check all that apply):

Application

Testing

Interview

Describe the specific limitation and the type of accommodation requested, with an explanation of how the accommodation will assist in the application/hiring process or participation in a service, program, or activity.

Note: Verification of the disability by the requestor's healthcare provider may be required.

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct.

Name of Requestor: _____

NOTICE OF ACCOMMODATION



Date of Notice: _____

Requestor: _____

Date of Request: _____

Copy of Request for Reasonable Accommodation Form is attached.

Request for Reasonable Accommodation:

- Approved Alternate Accommodation Approved Request Denied

Type of Accommodation Approved:

Duration of Accommodation:

Requestor must contact the following person to acquire accommodation:

- ADA Coordinator
Benton PUD Human Resources Manager
Benton PUD Human Resources
2721 W. 10th Avenue
Kennewick, WA 99336
(509) 582-1227 (Telephone)
(509) 582-1246 (Fax)

- Other:

Explanation for Denial of Accommodation:

Appeal Process:

If a request is denied, the requester may appeal the decision. The requester may submit the appeal to the ADA Coordinator in writing or verbally. Appeals must be received within five (5) business days after the date of this notice. The ADA Coordinator contacts the requester within ten (10) business days after receipt of the appeal to inform the requester of the final decision regarding the accommodation request.



DISABILITY ACCOMMODATION REQUEST

Please complete and return to Human Resources

P O Box 6270, Kennewick WA 99336

Confidential Fax: 509-582-1246

This form is for use by employees with disabilities who wish to request a disability accommodation. The information provided will assist in our evaluation of the requested accommodation. This initial information will be part of an interactive process with you as we explore your request and may generate the need for additional information. This information will be kept confidential, except as needed to process your request, and will be filed separately from your personnel file.

Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting genetic information of an individual or family member of the individual, except as specifically allowed by law. **We are not requesting or requiring family medical history or other genetic information and ask that you only provide the medical information necessary to process this request for accommodation.** For additional information, please refer to Administrative Directive No. 48 - Family, Military and Medical Leave Policy.

PLEASE PRINT:

Name _____ Phone (w) _____ (h) _____

Job Title _____ Supervisor's Name _____

CHECK ONE: ___permanent accommodation ___temporary accommodation until_____

CHECK AS APPLICABLE:

___ Job Restructuring

___ Facilities/Worksite/Equipment Modification

___ Special Equipment Devices

___ Job Reassignment to Vacant Position
(must be qualified)

___ Leave of Absence until _____

___ Reduced/modified work schedule until

___ Other (Describe): _____

What, if any, job function are you having difficulty performing?

What, if any, employment benefit or privilege of employment (e.g., access to information, training programs) are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit/privilege?

Specify accommodation you are requesting to perform the essential functions of your job or access an employment benefit/privilege:

Explain how this accommodation will assist you:

If applicable, identify the source and/or cost (if known) for providing the accommodation:

Please provide any additional information that might be useful in processing your accommodation request.

Note: Documentation from your health care provider may be required to make a determination.

Requestor Signature

Date

An incomplete form may delay determination of your request

For Benton PUD use: Approved Not Approved Additional Information Attached

Comments:

Copy to:

Supervisor (if need to know)

Safety (if need to know)

HR Signature:

HR Review: