



NEMO WORKFORCE DEVELOPMENT BOARD

111E. Monroe • Paris, Missouri 65275 • [www.nemowib.org](http://www.nemowib.org) • (660) 327-5125 • Fax (660) 327-5128

**NEMO WDB Issuance 05-2017**

**Issued:**

**Effective:**

**To: All Program Operators**

**Subject: Reasonable Accommodations Policy**

**Purpose:** The purpose of this issuance is to implement a reasonable accommodations policy in order to provide reasonable employment-related accommodations to employees and job applicants/registrants with disabilities.

**Background:** The nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act (WIOA) prohibit discrimination against applicants/registrants, beneficiaries, and employees on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, and for beneficiaries only, citizenship or participation in a WIOA Title I financially-assisted program or activity. The regulations that implement these provisions are published at §1630.2 and 29 CFR Part 37 & 38.

**Substance:** It is the policy of the NEMO (Northeast Missouri) Workforce Development Board (WDB) and its subcontractors to comply with the Americans with Disabilities Act. The NEMO Workforce Development Board (NEMO WDB) is committed to the fair and equal employment of people with disabilities. The NEMO WDB and its subcontractors do not discriminate against qualified job applicants/registrants or employees with disabilities with regard to job application procedures, hiring, employee compensation, advancement, training, discharge or other terms, conditions and privileges of employment.

Job applicants/registrants and employees with disabilities shall be provided reasonable employment-related accommodations when necessary, unless the accommodation would impose an undue hardship. This policy guidance provides guidelines for employees and job applicants/registrants who wish to apply for reasonable accommodations with the NEMO WDB and its subcontractors.

## **Resources**

WIOA Section 188  
29 CFR Parts 37 & 38  
Code of Federal Regulations Section §1630.2

## **Definitions**

***Disability:*** means, with respect to an individual,

- A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- A record of such an impairment; or
- Being regarded as having such an impairment,  
Refer to 29 CFR Part 38 and §1630.2 for exceptions to this definition.

***Essential Functions – In general:*** means the fundamental job duties of the employment position the individual with a disability holds or desires.

- The “essential functions” are by definition those that the individual who holds the job would have to perform, with or without reasonable accommodations, in order to be considered qualified for the position.  
Refer to 29 CFR Part 38 and §1630.2 and §1630.9 for additional information regarding essential functions and not making reasonable accommodation.

***Major Life Activities:*** means functions such as (A) Caring for oneself, performing manual tasks, walking, sleeping, seeing, hearing, speaking, standing, sitting, reaching, lifting, bending, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and (B) The operation of a “major bodily function,” as described in §29 CFR Part 38.4 (4) (B) and §1630.2.

***Reasonable accommodation:*** In general, an accommodation is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities. The term *reasonable accommodation* means;

- Modifications or adjustments to an application/registration process that enables a qualified applicant/registrant with a disability to be considered for the aid, benefits, services, training, or employment that the qualified applicant/registrant desires; or
- Modifications or adjustments that enable a qualified individual with a disability to perform the essential functions of a job or to receive aid, benefits, services, or training equal to that provided to qualified individuals without disabilities. These modifications or adjustments may be made to: (A) The environment where work is performed or aid, benefits, services, or training are given; or (B) The customary manner in which, or circumstances under which, a job is performed or aid, benefits, services, or training are given; or

- Modifications or adjustments that enable a qualified individual with disability to enjoy the same benefits, services, training, or employment as are enjoyed by other similarly situated individuals without disabilities.
- Refer to 29 CFR Part 38 and Code of Federal Regulations §1630.2 for additional information regarding “reasonable accommodation” and §1630.9 Not Making Reasonable Accommodation.

**Undue hardship:** In general. An employer or other covered entity is not required to provide an accommodation that will impose an undue hardship on the operation of the employer’s or other covered entity’s business. Undue hardship means

- Significant difficulty or expense in, or resulting from, the provision of the accommodation. The “undue hardship” provision takes into account the financial realities of the particular employer or other covered entity. “Undue hardship” refers to any accommodation that would be unduly costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business
- Refer to 29 CFR Part 38 and §1630.2 for additional information regarding “undue hardship”.

#### **Accommodation Request Procedure for Employees**

1. Employees requesting an accommodation will need to complete the Accommodation Request form and submit it, along with medical documentation to support the request, to the Equal Opportunity Officer.
2. In an effort to determine if the employee is a qualified individual with a disability and to evaluate the request for an accommodation, the Equal Opportunity Officer may:
  - Discuss the requested accommodation with the employee.
  - Discuss the purpose and essential functions of the particular job involved with the supervisor/manager and the employee.
  - Identify/evaluate potential accommodations and assess the effectiveness each would have in allowing the individual to perform the essential functions of the job. While an individual’s preference will be given consideration, the NEMO WDB is free to choose among equally effective accommodations and may choose the one that is less expensive or easier to provide.
  - Review undue hardships by considering and discussing with the Executive Director.
  - The Equal Opportunity Officer will provide a decision regarding the employees request for a reasonable accommodation to the employee within 30 days of receiving all necessary documentation/information.

#### **Accommodation Request Procedure for Job Applicants/Registrants**

- 1) The job applicant/registrant shall inform the Equal Opportunity Officer of the need for an accommodation in writing.
- 2) The Equal Opportunity Officer will discuss the needed accommodation and possible alternatives with the applicant/registrant.
- 3) The Equal Opportunity Officer will make a decision regarding the request for accommodation and, if approved, take the necessary steps to see that the accommodation is provided.

#### **Funding for Accommodations**

Funding for accommodations that do not cause an undue hardship must be agreed to and approved by the Executive Director.

#### **Employee Appeal Process**

Employees who are dissatisfied with the decision(s) pertaining to his/her accommodation request may file an appeal with the Equal Opportunity Officer within 30 days of the decision for a final decision.

- The Accommodation Request Appeal form may be found by contacting the Equal Opportunity Officer at (660) 327-5125.
- If the employee believes the decision is based on discriminatory reasons, they may file a complaint through the official complaint and grievance procedure or with the State WIOA Equal Opportunity Officer.

#### **NEMO WDB Equal Opportunity Officer Contact Information:**

Sheila Jurgesmeyer

NEMO Workforce Development Board

111 E. Monroe | Paris, MO 65275

[sheila.j@nemowib.org](mailto:sheila.j@nemowib.org) | [www.nemowib.org](http://www.nemowib.org)

(Telephone) 660-327-5125 (Facsimile) 660-327-5128 Relay Missouri: 711

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**Diane Simbro, Executive Director**

Attachments:

Accommodations Request Form

Accommodations Request Appeal Form

**NEMO WORKFORCE  
DEVELOPMENT BOARD  
ACCOMMODATIONS  
REQUEST FORM**

*Please complete this form as part of your request for an accommodation. Submit this document directly to the Equal Opportunity Officer, along with medical documentation to support your request. If there is not enough space on this document, attach pages as needed. For questions, please contact the Equal Opportunity Officer and refer to the NEMO (Northeast Missouri) Workforce Development Board's (WDB) Reasonable Accommodations Policy Guidance (available by contacting the NEMO WDB Equal Opportunity Officer).*

**If you are a member of the public seeking Workforce Innovation Opportunity Act (WIOA) services, or any other services at a Missouri Job Center or affiliate site, please provide the following information:**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email address:</b>	
<b>Location of WIOA Service Provider:</b>	

**If you are an employee of NEMO WDB or one of its contractors, please provide the following Employee Information:**

<b>Name:</b>	
<b>Job Title:</b>	
<b>Division (if applicable):</b>	
<b>Work Location:</b>	
<b>Supervisor's Name:</b>	

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? Examples of major life activities are: Caring for oneself, performing manual tasks, walking, sleeping, seeing, hearing, speaking, standing, sitting, reaching, lifting, bending, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; This list is not exhaustive.

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2. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

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7. Please provide as much information about your requested accommodation, to include vendor or model number and approximate cost of any equipment requested. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

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8. Identify the names and addresses of physicians, therapists, psychologists or other health care providers who have information or documentation concerning your disability and/or your need for an accommodation.

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I hereby authorize the above listed health-care providers and any others who have treated me to release to the NEMO WDB all medical records concerning the disability disclosed on this form and provide any opinions to NEMO WDB concerning my ability to perform job- related functions with or without a reasonable accommodation.

I certify that the information that I have provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for my termination.

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Employee Name (Please print)

Work Telephone

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Employee Signature

Date

**NEMO WDB Equal Opportunity Officer Contact Information:**

Sheila Jurgesmeyer  
Equal Opportunity Officer  
NEMO Workforce Development Board  
111 E. Monroe | Paris, MO 65275  
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(Email) [sheila.j@nemowib.org](mailto:sheila.j@nemowib.org)  
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Relay Missouri: 711

NEMO WORKFORCE DEVELOPMENT BOARD  
**ACCOMMODATIONS REQUEST  
APPEAL FORM**

*Please complete this form in order to file an appeal regarding the determination for an accommodation. Submit this document Equal Opportunity Officer within 30 days of the original determination along with any supporting documentation. If there is not enough space on this document, attach pages as needed. For questions, please contact the Equal Opportunity Officer.*

**Employee Information**

<b>Name:</b>	
<b>Job Title:</b>	
<b>Division (if applicable):</b>	
<b>Work Location:</b>	
<b>Supervisor's Name:</b>	

Accommodation Requested:

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