



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Reasonable Accommodation for Employee/Applicant
with Disabilities

NUMBER: BUL-4569.2

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ROUTING
All Employees
All Locations

DATE: March 13, 2023

POLICY: The policy guides the work site and administrators, managers, supervisors, or designees in administering the reasonable accommodation program. LAUSD is committed to providing equal employment and educational opportunities for the employee/applicant with disabilities and does not discriminate on the basis of a disability in its employment, programs, or activities. An employee/applicant has the right and opportunity to seek, obtain and hold employment and not be subjected to discrimination by reason of a disability. This is in accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act (ADAAA), the Fair Employment and Housing Act (FEHA), and applicable state laws.

MAJOR CHANGES: This Bulletin replaces BUL-4569.1, dated June 19, 2014. This Bulletin reflects current state and federal requirements, provides guidance and procedures for responding to employee/applicant requests for a reasonable accommodation (s) and a reasonable accommodation appeal(s), and includes the revised Appeal of the Reasonable Accommodation form (Attachment C).

BACKGROUND: Federal and state laws, and District policy provide that no employee/applicant shall be denied the right and opportunity to seek, obtain and hold employment, and shall not be subjected to discrimination by reason of a disability. This is in accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act (ADAAA), the Fair Employment and Housing Act (FEHA) and applicable state laws.

Employees may have separate rights to protected leave under the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), LAUSD policies, and/or bargaining unit agreements.



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GUIDELINES:

The following guidelines apply.

The reasonable accommodation process requires the cooperation of all involved to ensure the employee/applicant with a disability is provided the opportunity to engage in the interactive process to assess whether an accommodation may be provided that would enable the employee/applicant to perform the essential functions of their job and receive the benefits and privileges of employment. The Federal and state statutes mandate that an employer engage the employee/applicant in an interactive process to determine whether an effective modification or adjustment to the employee/applicant's job classification may be accomplished that would bridge the necessary performance of essential job duties and the employee/applicant's disability/medical condition.

The interactive process should commence once either of the following events occurs:

1. The employee/applicant requests a reasonable accommodation; or
2. If the disability/medical condition of the employee/applicant is obvious, and known to the employer so as to necessitate a potential need for accommodation.

I. INTERACTIVE PROCESS:

The interactive process is how an employee/applicant, and their administrator, manager supervisor, or department designee determine whether a reasonable accommodation may be provided to an employee/applicant to assist them with their essential job duties. The interactive process is triggered as soon as the employer becomes aware that the employee/applicant may have a mental or physical impairment that limits their ability to perform any aspect of their essential job duties. The interactive process commences with a timely and good faith discussion, preferably in person, via telephone, or virtual platform, between the employee/applicant requesting a reasonable accommodation and their administrator, manager, supervisor, or designee. A timely, good-faith interactive process is mandated by state and federal law. It must occur whether or not the interactive process would result in an obligation to provide a reasonable accommodation.

II. SITE-BASED (INFORMAL) REASONABLE ACCOMMODATION PROCESS:

As provided herein above, the reasonable accommodation process begins with the interactive process at the work site with the employee/applicant and the administrator, manager, supervisor, or designee.



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According to relevant regulations, the employee/applicant's request for reasonable accommodations does not need to be in writing, nor does the employee/applicant have to use special words such as reasonable accommodation or disability. A verbal request should be documented in writing by the employee/applicant or administrator, manager, supervisor, or designee. The administrator, manager supervisor, or designee shall assist any employee/applicant who, because of a disability, cannot complete a written request. Alternatively, the administrator, manager, supervisor, or designee may refer the employee/applicant to the Reasonable Accommodation Program for assistance.

Even in the absence of a verbal or written request, if the disability is known and the need for accommodation to perform the essential job functions is obvious or apparent, the administrator, manager, supervisor, or designee shall ask the employee/applicant with a disability if they perceive a need for accommodation. This must be done promptly and carefully to avoid an improper inquiry about an employee/applicant's possible disability. The administrator, manager, supervisor, or designee shall consult with the Reasonable Accommodation Program staff if there are any questions regarding the propriety of an inquiry.

The administrator, manager, supervisor, or designee is expected to evaluate and implement reasonable and necessary accommodations which would enable the employee/applicant to perform their essential job functions. In general, the process for identifying a reasonable accommodation is as follows:

- The administrator, manager, supervisor, or designee shall acknowledge and meet with the employee/applicant within a reasonable period of time following a request for accommodation or if the disability is known to assess the need for accommodation;
- The administrator, manager, supervisor, or designee may request sufficient medical documentation when the disability and/or need for accommodation is not known or obvious. The medical documentation should describe the nature, severity, and duration of the impairment, the activity or activities that the impairment limits, the extent to which the impairment limits the employee/applicant's ability to perform the job function impacted, and should substantiate why the request is reasonable. The District does not require the diagnosis to proceed with the interactive process or reasonable accommodation. The administrator, manager, supervisor, or designee must not require the employee/applicant to disclose their specific medical condition to proceed with the reasonable accommodation process;



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- The administrator, manager, supervisor, or designee shall review and assess the particular job classification and determine its purpose and essential functions. The administrator, manager, supervisor, or designee should utilize the District's class descriptions to review the essential job duties, responsibilities, and requirements. Once those essential job duties are determined, the administrator, manager, supervisor, or designee shall compare those duties with the employee/applicant's presented work limitations and determine whether a reasonable accommodation may be provided that would bridge the limitation with the necessary job function;
- The administrator, manager, supervisor, or designee shall engage in the interactive process outlined hereinabove by meeting with the employee/applicant to determine their specific physical or mental limitations related to the performance of essential job functions. The administrator, manager, supervisor, or designee, and employee/applicant should jointly identify the barriers to job performance and assess how these barriers could be overcome with reasonable accommodation. Medical confidentiality must be maintained at all times during the interactive process;
- In consultation with the employee/applicant, the administrator, manager, supervisor, or designee shall identify any potential accommodations and assess how effective each would be to enable the employee/applicant to perform essential job functions and enjoy the benefits and privileges of employment. The Reasonable Accommodation Program is available to assist all participants in the interactive process and throughout the reasonable accommodation process.

If there are several effective accommodations that would provide an equal employment opportunity, the administrator, manager, supervisor, or designee and employee/applicant with a disability should collaborate to select the accommodation that best serves the needs of the employee/applicant and work site. The accommodation need not be the most expensive or precisely what the employee/applicant requested, but the accommodation must be effective. If the interactive process does not identify an appropriate accommodation, technical assistance is available from the Reasonable Accommodation Program.

The administrator, manager, supervisor, or designee *must* document the results of the interactive process. Once the interactive process is completed, the administrator, manager, supervisor, or designee and employee/applicant must document the interactive process utilizing Attachment A, "Record of Interactive Process," attached hereto. The completed document must be saved in a Reasonable Accommodation employee/applicant file at the work site separate



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from the employee personnel file. If the employee does not agree with the reasonable accommodation, the employee can complete Attachment B, and provide medical documentation with work limitation to support their request for a reasonable accommodation attach Attachment A, and send to disabilitymanagement@lausd.net.

If a reasonable accommodation could not be provided at the work site for any reason, the administrator, manager, supervisor, or designee must provide the employee/designee with Attachment B, "Reasonable Accommodation Application," and instruction to complete the attachment if they would like to process to a "formal" Reasonable Accommodation Committee meeting. The employee/applicant may access the application online at <http://reasonableaccommodation.lausd.net>, via email by sending a request to disabilitymanagement@lausd.net, or by calling (213) 241-1319.

IV. REASONABLE ACCOMMODATION DOCUMENTATION PROTOCOLS:

"Reasonable medical documentation" means documentation that is needed to establish that a person has an American Disability Act (ADAAA) disability and that the disability necessitates a reasonable accommodation. Medical documentation should describe the nature, severity, and duration of the impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits the employee/applicant's ability to perform the activity or activities and should substantiate why the requested reasonable accommodation is necessary. The District does not require the diagnosis to proceed with the interactive process or reasonable accommodation.

If the medical documentation provided does not sufficiently outline the specific work limitation, necessary accommodation, and the duration of the accommodation, the District may request additional medical documentation be submitted by the employee/applicant to meaningfully engage in the interactive process.

The request for additional medical information must be specific to the disability of the employee/applicant's requested a reasonable accommodation and the specific essential job duty for which the accommodation is requested. The medical information should include a description of why the employee/applicant needs a reasonable accommodation to have an equal opportunity to perform the employee/applicant's essential job functions.

Medical documentation must be kept confidential. All medical information should be kept in a file separate from the employee/applicant's personnel file and in a location that is accessible only to authorized personnel.



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Failure to provide necessary medical documentation could delay the processing of a reasonable accommodation application; therefore, it is of the utmost importance that the employee/application provide the requested documentation so their application may continue to be processed expeditiously.

V. APPEAL PROCESS:

Upon receipt of the “formal” Reasonable Accommodation decision letter, an employee/applicant who disagrees with the Reasonable Accommodation Committee's decision may file a written appeal using [Attachment C, Appeal of Reasonable Accommodation Decision](#), with the District's Educational Equity Compliance Office within thirty (30) calendar days of receipt of the decision.

A Reasonable Accommodation Appeal (RAA) Committee comprised of District employees will be convened to reconsider the decision of the Reasonable Accommodation Committee. The RAA Committee will consist of voting and resource members and the voting members shall not include members of the Reasonable Accommodation Committee that previously considered the initial accommodation request.

The RAA Committee will conduct a paper review of the appeal within forty-five (45) calendar days of receipt of the request, and a decision will be provided to the appellant within approximately ten business days. If the RAA committee determines that additional information is required to make a determination, the employee/applicant will be contacted for further information or to personally address the Committee as deemed necessary. The administrator, manager, supervisor, designee and/or representatives from related departments may also be invited to address the RAA Committee, as appropriate. These appeal procedures have been developed to ensure that the District complies with state and federal laws and regulations.

VI. EMPLOYEE/APPLICANT RESPONSIBILITIES:

Employees with accommodations approved by either the Reasonable Accommodation Committee or Reasonable Accommodation Appeal Committee who later transfer to a new work site have the responsibility to notify their new administrator, manager, supervisor, or designee of their approved accommodation. The employee/applicant is responsible for notifying the Reasonable Accommodation Program at disabilitymanagement@lausd.net or (213) 241-1319. If necessary, this will facilitate coordination and implementation of the approved accommodations at their new work site.



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VII. NON-RETALIATION PROTECTION:

The District prohibits retaliation or discrimination against an employee/applicant who requests a reasonable accommodation, files an appeal of a reasonable accommodation decision, or participates in the reasonable accommodation process.

VIII. ACCOMMODATION OFF-SITE:

Accommodations provided at an employee's usual worksite may need to be provided for off-site meetings or training or when working outside their usual place of work. The meeting or training organizer must ensure that District-sponsored events are located at facilities accessible to employees with disabilities. When a facility cannot provide necessary accommodation, it is the responsibility of the meeting or training organizer to arrange an accommodation.

The Reasonable Accommodation Program staff is available to assist in facilitating an accommodation and provide assistance, and the Reasonable Accommodation Program should be given adequate advance notice of the need for an accommodation.

IX. NOTIFICATION POSTING:

The notices are available under BUL-4991, the Mandatory Posting of Regulatory Notices.

AUTHORITY:

This is the policy of the Superintendent of Schools. The following legal standards are applied to this policy:

- Americans with Disabilities Act Amendments Act, United States Code Title 42 Chapter 126
- Department of Fair Employment and Housing Act
- Section 504 of the Rehabilitation Act of 1973
- Equal Employment Opportunity Commission

RELATED RESOURCES:

- Enforcement Guidance, Equal Employment Opportunity Commission: www.eeoc.gov/policy/guidance
- Live Animals, including Guide Dog/Service Animals and Training Dogs/Service Animals, in the Classroom, at school events, and at District-sponsored activities, Los Angeles Unified School District Policy BUL-3304
- Nondiscrimination Required Notices, a memorandum issued annually by the Office of the General Counsel
- Stay at Work Program Procedure Manual, Los Angeles Unified School District, available at <http://stayatwork.lausd.net>



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ATTACHMENTS:

1. Attachment A, Record of Interactive Process ([Fillable](#))
2. Attachment B, Reasonable Accommodation Application ([Fillable](#))
3. Attachment C, Appeal of Reasonable Accommodation Committee Decision ([Fillable](#))

ASSISTANCE:

Reasonable Accommodation Program

Phone Number: (213) 241-1319

TTY: (213) 241-6882

Email: disabilitymanagement@lausd.net

Website: <http://reasonableaccommodation.lausd.net>

Educational Equity Compliance (213) 241-7682

Reasonable Accommodation Appeals

Equal Opportunity Section (213) 241-7685

Employment Disability Discrimination Complaints

FMLA/Absence Management (213) 241-3954

**LOS ANGELES UNIFIED SCHOOL DISTRICT
RECORD OF INTERACTIVE PROCESS**

ATTACHMENT A

Directions: To be completed by the administrators, managers, supervisor, and employee/applicant. Please review the class description or job analysis with the employee/applicant. Review the medical documentation from the employee/applicant with work limitations and the duration. The District does not require the employee/applicant's diagnosis, only work limitation and duration. If you have any questions, please refer to the Reasonable Accommodation Bulletin 4569.2 or the Reasonable Accommodation program and your Collective Bargaining Agreement for additional information. The Division of Risk Management & Insurance Services does not need a copy of Attachment A if the worksite can accommodate the employee/applicant. Please retain a copy for your records.

Section I – Employee/Applicant Information			
Name of Employee/Applicant	Employee/Applicant Number	Work Number	
Classification Title	Worksite	Region	Email Address
Does the employee/applicant have a previous reasonable accommodation request on file? No Yes, date: _____			

Section II – Documentation of Interactive Process (attach additional sheet(s) if necessary)
a) Date(s) of meeting with employee/applicant (in person, phone, or virtually):
b) Reason for request (Please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help complete your essential job functions.)
c) What job functions are you unable to perform due to your symptoms or work limitations?
d) List all potential reasonable accommodations identified in the interactive process.

Section III – Outcome of Interactive Process
Were informal accommodations recommended and provided by the worksite? Yes No
Explain:

Section IV – Certification			
Print Name of Site Administrator/Supervisor	Title of Site Administrator/Supervisor	Phone Number	
Signature of Site Administrator/Supervisor	Work Site	Email Address	Date

ATTACHMENT B

The District does not require the employee/applicant's diagnosis, only work limitations and duration. Please retain a copy for your records.

Section I – Employee/Applicant Information			
Name of Employee/Applicant			Employee/Applicant Number
Home Address			Home Phone Number
City	State	Zip Code	Work Number
Job Title	Worksite	Region	Email Address
Do you have a previous reasonable accommodation request on file?			Yes No

Section II – Request for Accommodations

a) Please describe your medical condition and the reason(s) why you are requesting accommodation. You need to include a description of the essential functions of your job that you are currently unable to perform and explain how the requested accommodation(s) will enable you to perform those essential functions of your job. *The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.*

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REASONABLE ACCOMMODATION APPLICATION**

ATTACHMENT B

b) Please describe the essential job function you are unable to perform due to your symptoms or medical condition. (Review your class description.)

c) Please describe the accommodation(s) you are requesting. If there is more than one accommodation you believe will meet your needs, please describe all possible accommodations. Include any alternative accommodations.

d) For how long the requested accommodation(s) will be needed. (Duration of the accommodation.)

e) Is your limitation:

Permanent Temporary Unknown

f) Anticipated recovery date (if any):

g) Is the above-described disability the subject of a workers' compensation claim? (Employees/applicants with work-related injuries may also be eligible for a reasonable accommodation independent of the workers' compensation process.)

YES NO If yes, date filed:

h) Have you requested FMLA, CFRA, PDL, or other leave in connection with the above-described disability?

YES NO If yes, please specify what you requested and when:

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REASONABLE ACCOMMODATION APPLICATION**

ATTACHMENT B

Section III – Outcome of Interactive Process With Your Administrator, Manager, or Supervisor

Please explain the results of your interactive process discussion with your administrator, manager, or supervisor.

Section IV – Certification

I certify that all information contained in this application is true and correct. I understand that if I am granted an exemption and/or accommodation and it is subsequently determined that the decision was based upon material misrepresentation or falsification, I am subject to disciplinary action by the District, my request will be canceled, and/or I will be subject to reimbursing the District for related costs.

I further understand that this application, attachments, and all medical information subsequently requested will be considered as confidential medical information and will be retained by the Los Angeles Unified School District except where released by the applicant for other use.

Print Name of Employee/Applicant

Date

Signature of Employee/Applicant

Phone Number

APPEAL OF REASONABLE ACCOMMODATION COMMITTEE DECISION

Only submit this request within 30 days after you have received the decision from the Reasonable Accommodation Committee

Section I – Employee/Applicant Information			
Employee/Applicant Name		Employee Number	
Home Address		Apt#	
City	State	Zip Code	
Home Phone Number	Work Number	Alternate Number	
Please complete the current or most recent employment information:			
School/Section/Office		Region	
School/Section/Office Telephone Number	Supervisor’s Name		
Position/Class	Status		
Section II – Accommodations(s) Requested			
List accommodation(s) originally requested/denied by the Reasonable Accommodation Committee: Select the date of denial letter			
List the essential duties impacted (you have difficulty performing) by your disability. You may visit the Personnel Commission website to locate and view the essential duties of your job by clicking this link Index of Job Class Descriptions :			

Please attach additional pages if more space is needed.

Section III – Rationale for the Appeal

Provide a specific rationale for why the denial should be overturned:

List any alternative accommodation(s), which, if granted, would enable you to perform your essential job duties:

Please attach additional pages if more space is needed.

Section IV –Certification

I certify that all information in this request is true and correct.

Print Name of Employee/Applicant

Date

Signature of Employee/Applicant

Email Address

Please forward this appeal form, **with the decision letter/denial received from Risk Management***, any statements, reports, or other documents which you feel are relevant to your request to:

Education Equity Compliance Office
equitycompliance@lausd.net
 Los Angeles Unified School District
 333 S. Beaudry Avenue, 18th Floor
 Los Angeles, CA 90017

Telephone: (213) 241-7682 / Fax: (213) 241-3312

***This form should be submitted to the Educational Equity Compliance Office within 30 (thirty) calendar days of receiving the Reasonable Accommodation Committee decision letter.**

FOR OFFICE USE ONLY: Date Received _____ By _____