



Regional Transit Authority

## Reasonable Accommodation

(HC31)

### POLICY STATEMENT

The New Orleans Regional Transit Authority (RTA) is committed to complying with the State of Louisiana Commission on Human Rights (LCHR) and Title I of the Americans with Disabilities Act (ADA). All applicants and employees requesting an accommodation which may provide continued employment at RTA will have their situation reviewed, and put through an interactive process to determine whether an accommodation is reasonable. To ensure a fair and thoughtful review, RTA has created a committee to coordinate the interactive process set out in this policy and to ensure compliance with applicable laws.

### PURPOSE

This policy provides guidelines for determining whether a reasonable accommodation is necessary and, if so, providing reasonable accommodations to applicants and employees as required by LCHR and the ADA.

### APPLICATION

This policy applies to all RTA applicants and employees. If a conflict occurs between this policy and a Collective Bargaining Agreement (CBA), the CBA will prevail.

APPROVED:

ADOPTED: Board Chair

Chief Executive Officer

Effective Date: \_\_\_\_\_

Date of Last Review: \_\_\_\_\_



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## **1.0 PROCEDURES**

### **1.1 Applicant Requests for Reasonable Accommodations**

An applicant may request a reasonable accommodation related to RTA's examination process by submitting a completed Applicant Request for Reasonable Accommodation in Testing form (Form A), which includes a Certification of Disability from a Health Care Provider obtained at the applicant's expense (we do not accept educational institution evaluations), at least three (3) work days prior to the examination to the Human Capital Department. The applicant must specify the accommodation(s) that he or she requests for the examination process. Human Capital will evaluate the requests upon receipt of the forms.

If a Health Care Provider (HCP) certifies that an applicant has a disability, Human Capital will review and decide if the requested accommodation is reasonable. If it is determined to be reasonable, Human Capital will provide the applicant with the reasonable accommodation at or prior to the time of the examination.

If the applicant fails to submit any of the required forms or if Human Capital determines that the requested is not reasonable, Human Capital will inform the applicant in writing prior to the examination time that the request has been denied.

If an applicant disagrees with the determination, he or she may appeal, in writing, to the Chief Human Resources Officer or his/her designee within seven (7) calendar days of the date of the determination. The Chief's decision will be final.

### **1.2 Employee Requests for Reasonable Accommodations**

#### **1.2.1 Temporary or Short-Term Disability**

An employee with a temporary or short-term disability who believes that he or she is in need of a reasonable accommodation may notify his or her direct supervisor of the need orally or in writing.

**Note:** Workers' Compensation staff will coordinate this process for employees with industrial injuries, and provide the necessary medical certification information.

Upon receiving notice, the employee's supervisor will notify his or her Human Capital Coordinator of the request for reasonable accommodation. The Human Capital Coordinator representative will contact the employee, direct him or her to this policy and forms, and assist the employee through the interactive process, as necessary.

The employee must complete the Employee/Applicant Request for Reasonable Accommodation form (Form B) and submit it to his or her Human Capital Coordinator, who will provide assistance in completing the forms, as necessary.

Within fourteen (14) calendar days of submitting the Request for Reasonable Accommodation form (Form B) to his or her Human Capital Coordinator, the employee must submit a Certification of Disability from a HCP, using either the Health Care



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Provider Questionnaire (Form C) or a written communication from a HCP, certifying that the employee has a disability and listing the type and duration of any associated work restriction(s).

Upon receipt of the form and certification, the Human Capital Coordinator will review the request and work restriction(s) with the employee and their department. If the department can offer the employee modified or alternative work, the Human Capital Coordinator will provide a Temporary Modified/Light Duty Agreement form (Form D), which must be completed, and signed by the employee, department, and Human Capital Coordinator.

If an employee is off work because of his or her disability, he or she will typically remain off work, using available paid and unpaid leaves as a form of temporary reasonable accommodation. If the Human Capital Coordinator determines that RTA can provide a reasonable accommodation through temporary modified work or light duty, the employee must sign the Temporary Modified/Light Duty Agreement (Form D) prior to returning to work. An employee's failure to sign the agreement constitutes a refusal of the temporary modified work or light duty, and may result in the employee remaining off work in an unpaid status.

If the Human Capital Coordinator determines that temporary modified work or temporary light duty is not available or if an accommodation request is not reasonable, the Human Capital Coordinator will document the reasons for this determination on the Temporary/Short-Term Reasonable Accommodation Decision form (Form E). The Human Capital Coordinator will notify the employee in writing of the determination and offer the employee a leave of absence (paid, if the employee has available leave, or unpaid, if not) as a reasonable accommodation.

If the employee disagrees with the Human Capital Coordinator's determination, he or she may appeal, in writing, to the Chief Human Resources Officer within seven (7) calendar days of the date of determination. The Chief Human Resources Officer's decision will be final.

If the temporary modified work or temporary light duty assignment exceeds nine (9) months; the Human Capital Coordinator and/or department knows or reasonably believes that the employee requires a permanent or long-term reasonable accommodation; or the Human Capital Coordinator and department disagree over how an accommodation request should be handled, then the Human Capital Coordinator will transfer the request to the Risk Management Analyst.

### 1.2.2 Permanent or Long-Term Disability

An employee with a permanent or long-term disability who believes he or she needs a reasonable accommodation may notify his or her direct supervisor orally or in writing.



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Note: Workers' Compensation staff will support the Risk Management Analyst to coordinate this process for employees with industrial injuries, providing necessary medical certification information. The medical certification and forms process outlined below is not needed for accepted workers' compensation claims.

Upon receiving notice, the employee's supervisor will notify the Risk Management Analyst of the request. The coordinator will contact the employee, directing him or her to this policy and forms, and assist the employee through the interactive process, as necessary.

Within fourteen (14) calendar days of submitting the Employee/Applicant Request for Reasonable Accommodation form (Form B) to the coordinator, or verbally making a request for workplace reasonable accommodations, the employee must submit a certification of disability from a HCP, certifying that the employee has a disability and listing the permanent or long-term work restriction(s) associated with the disability. The employee may use either the Health Care Provider Questionnaire (Form C) or a written communication from a HCP. The coordinator may extend the time to submit a certification beyond fourteen (14) calendar days if the HCP requires additional time to prepare the certification.

Upon receipt of the form and certification, the coordinator will schedule a meeting between the employee and the committee and will provide the employee with written notice of the date and time of the meeting.

The committee and employee will meet and review the employee's work restriction(s) to discuss options for a reasonable accommodation. It may take one or more meetings to fully explore possible reasonable accommodation options. The employee may bring a representative of their choice to this meeting.

At the conclusion of such meeting(s), the committee may:

- Determine that reasonable accommodations exist to support the employee to fully and safely continue in their current position. If the committee has agreed that the employee can perform all essential functions of his or her job classification with the same efficiency and effectiveness, the requested accommodation does not place an undue hardship on the department or on RTA, and the accommodation does not pose a direct threat to the employee, his or her coworkers, or the general public, a Reasonable Accommodation Plan will be approved, signed off by the parties, and the employee will be provided with modified work; or
- Identify options for placement into alternative work. If the committee determines that reasonable accommodation is not possible, they will discuss alternative work options with the employee.



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- Alternative work requires that: 1) RTA has approved filling a vacancy; 2) the employee is minimally qualified to perform the work; 3) the employee is able to perform the work with or without a reasonable accommodation; 4) the salary for the alternative work does not exceed the employee's current classification's salary; and 5) the alternative work does not conflict with a CBA.
- The alternative work search process will not typically exceed six (6) months. The search period can be reduced if the employee does not actively engage in the interactive process; refuses a bona fide offer of alternative work; and/or does not desire to explore alternative work. Active participation may include, but is not limited to, being responsive to RTA's inquiries regarding interest in the alternative work search process or other requests for information. If an employee requests an extension, the committee will evaluate the request on a case-by-case basis. If the extension is granted, the employee will be notified of the timeframe for the extended search period.
- Where an employee does not successfully pass probation after placement in an alternative position through the alternative work search process, the employee will continue their alternative work search for the remainder of their original six month search period. Should less than six weeks remain, their search period will continue for a total final period of six weeks.
- Where the number of qualified applicants for an alternative position exceeds the number of vacancies, the full-time hire date will determine which applicant will be placed in the alternative position.

Specific reasonable accommodations implemented may differ from the specific requests made by an employee.

Meeting notes will be taken at committee meetings, which will detail the discussion that took place, identify any agreements reached, and any outstanding items that may need further review or action. The coordinator will provide a copy of the meeting notes to the employee and their representatives, if any, and provide written notification of any committee decision(s) to the employee.

## **2.0 DEFINITIONS**

**Alternative Work Process** – An alternative work search process will be conducted if an employee is unable to be reasonably accommodated to return/continue in their current position.

**Applicant** – A person applying for any position at RTA who has not yet been selected.

**Committee** – RTA's accommodations committee, which coordinates the interactive process and makes decisions pertaining to reasonable accommodation. The committee



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typically consists of representatives from the Risk Management Analyst, Human Capital, Workers' Compensation, and the eligible person's Department/Division. The Committee may include additional members on a case-by-case basis to support the Interactive Process.

**Direct Threat** – A significant risk of substantial harm to the health or safety of self or others that cannot be eliminated or reduced through reasonable accommodation. (42 U.S.C. § 12113(b); see 29 CFR §1630 app. §1630.2(r))

**Disability:** Any disability or condition that meets the definition of physical disability, mental disability, or medical condition contained in the ADA.

- **Permanent or Long-Term Disability** – A disability that a health care provider expects to continue for an indeterminate amount of time or for the life of the eligible Person.
- **Temporary or Short-Term Disability** – A disability that a health care provider expects to last for a specific amount of time, typically for not longer than six months.

**Disability Retirement** – If you have a disabling injury or illness that prevents you from performing your usual job duties, you may be eligible for disability retirement. If your disability retirement is approved, you receive a monthly retirement payment for the rest of your life or until you recover from your injury or illness.

**Eligible Person** – Any applicant or employee with an ADA-covered Disability.

**Employee** – Any person employed at RTA, whether probationary, at-will or by employment contract, including temporary agency staff or contractors working under RTA's control or supervision. Unless otherwise indicated specifically or by context, "employee" will include any person who has been offered a position at RTA but has not begun employment at RTA.

**Essential Functions** – Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation. Factors to consider in determining if a function is essential include whether the reason the position exists is to perform that function, the number of other employees available to perform the function or among whom the performance of the function can be distributed, and the degree of expertise or skill required to perform the function.

RTA's judgment as to which functions are essential and a written job description prepared before advertising or interviewing for a job will be considered as evidence of essential functions. Other kinds of evidence that will be considered include: An Essential Functions Job Analysis; the actual work experience of present or past employees in the job; the time spent performing a function; the consequences of not requiring that an employee perform a function; and the terms of a CBA.



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**Essential Functions Job Analysis** – An analysis that objectively identifies the core physical, mental and emotional requirements of a position. It is used to assist with determining how an employee's work restrictions may impact the core physical/mental/emotional demands of a position.

**Health Care Provider (HCP)** – Any person or entity defined as a Health Care Provider by LCHR, ADA, or related regulations.

**Hiring Authority** – A department authority that initiated a recruitment and hired an employee.

**Interactive Process** – The good faith process between RTA and an eligible person with a known disability, which includes consulting with an eligible person to ascertain the precise job-related limitations and how the limitations could be reasonably accommodated; and identifying potential accommodations and assessing their reasonableness and effectiveness.

**Light Duty/Transitional Duty** – Though not considered a reasonable accommodation under LCHR/ADA, Light Duty/Transitional Duty assignments are provided to employees with temporary work restrictions when possible. These assignments typically support an employee to perform some of the essential functions of their usual and customary position, and/or support them to perform their duties part-time. Employees may be assigned to perform a set of job tasks that are outside of their usual and customary classification. These assignments are typically provided for a period of 90 days, and extensions can be considered if the work is supporting employees to medically improve, as evidenced by a reduction in their restrictions over the period of the initial assignment.

**Modified Work** – An employee's performance of all the essential functions of his or her current job classification with the support of reasonable accommodation(s). Modified work may be short-term, long-term, or permanent.

**Reasonable Accommodation** – Any appropriate measure that would allow an eligible person to perform the essential functions of his or her job classification. A reasonable accommodation may include, but is not limited to, the following: making facilities accessible to individuals with disabilities; restructuring jobs; modifying work schedules; buying new or modifying existing equipment; or modifying examinations and policies.

**Undue Hardship** – A significant difficulty or expense required to grant the requested accommodation, including but not limited to:

- Nature and cost of the accommodation needed;
- Overall financial resources of the facility making the reasonable accommodation;
- Effect on expenses and resources of the facility;
- Impact of the accommodation on the operation of the facility;
- Impact of the accommodation on other employees; and



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- Impact of the accommodation on the public service.

### **3.0 RESPONSIBILITIES**

**Applicants/Employees** with disabilities are responsible for engaging in good-faith with RTA during the disability interactive process; completing and forwarding a request for reasonable accommodation to Human Capital or the Disability Compliance Coordinator; and providing reasonable medical documentation with verification of their disability or impairment from their health care provider.

**Chief Human Resources Officer** (or designee) receives appeals from employees and applicants where they disagree with a determination by the committee or Human Capital Coordinator. The Chief's decision regarding an appeal will be final.

**Risk Management Analyst** is responsible for coordinating and documenting long-term restriction and leave accommodation requests and managing the Committee.

**Human Capital Coordinator** staff is responsible for all requests for reasonable accommodation in applications and testing; and is responsible for all requests for reasonable accommodation in relation to short-term leave or reasonable accommodations.

**Workers' Compensation Personnel and Transitional Duty/Return-to-Work Programs Coordinators** are responsible for coordinating the activities of the Short-Term/Temporary Transitional Duty and Return-to-Work Programs for employees with accepted occupational illnesses or injuries.

**Human Capital** is responsible for coordinating the disability interactive process and supporting reasonable accommodation decisions to be made and implemented for all long-term reasonable accommodation requests including, leaves past statutory and contractual limits, and long-term/permanent restrictions requiring accommodation periods expected to be greater than twelve (12) months.

**Department Chiefs and Hiring Authorities** are responsible for notifying the Risk Management Analyst of requests for reasonable accommodation made by employees; participating in the disability interactive process; and supporting the successful implementation of short-term and long-term reasonable accommodation plans.

### **4.0 ATTACHMENTS**

1. Form A: Applicant Request for Reasonable Accommodation in Testing
2. Form B: Employee/Applicant Request for Reasonable Accommodation
3. Form C: Request for Reasonable Accommodation - Health Care Provider Questionnaire
4. Form D: Temporary Modified/Light Duty Agreement
5. Form E: Temporary/Short-Term Reasonable Accommodation Decision





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**5.0 FLOWCHART**

N/A

**6.0 REFERENCES**

- Americans with Disabilities Act
- State of Louisiana Commission on Human Rights (LCHR)
- Workplace Violence Prevention (HC3)
- Fitness for Duty (HC22)
- Grievance (HC13)
- Internal Complaint Process (HC38)
- Employee Personnel File (HC6)

**7.0 PROCEDURE HISTORY**

N/A

**8.0 SPONSOR DEPARTMENT**

Human Capital





APPLICANT REQUEST FOR REASONABLE ACCOMMODATION IN TESTING

To request a reasonable accommodation for an examination, please complete the following form and submit it, along with medical certification from a health care provider (attached), to the Human Capital Department at least three working days prior to the examination. If the accommodation request involves wheelchair access or sitting in the front of the room, it is not necessary to complete this form or advise the Human Capital staff in advance of the examination.

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_
(Last/First/Middle)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ (Work) \_\_\_\_\_ (Home)

POSITION APPLIED FOR: \_\_\_\_\_
(Classification Title)

Please respond to the following:

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following manner:

Four horizontal lines for describing the manner of impairment.

The reasonable accommodation(s) I am requesting is:

- Separate testing area (This is required if there will be verbalization either by the applicant or by the reader/recorder.)
Sign language interpreter
Large print materials
Written instructions as accommodation for hearing impairment
Reader
Scribe
Specified breaks during testing (Also available for lactating mothers)
Additional Testing Time (Specify)
Special Chair/Table (Specify)
Special Lighting (Specify)
Other (Specify)

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# FORM A

COMMENTS: -----

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I certify under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct. I certify that I agree to the modified testing condition(s) authorized by RTA and I will not discuss the exam content with anyone other than authorized representatives of RTA. I give permission for RTA to contact my health care provider to verify my need for testing accommodations or to discuss my work restrictions, if necessary.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



HEALTH CARE PROVIDER CERTIFICATION OF DISABILITY

To: Employee's Health Care Provider
From: Human Capital
Via: Patient's Name:
Re: Patient's Request for Reasonable Accommodations in Testing

Your patient is in the process of requesting reasonable accommodations from New Orleans Regional Transit Authority (RTA) to assist him/her to test for a position they have applied for. They have requested testing accommodations as listed earlier on this form to reasonably accommodate their disability. To support RTA to consider this request, and in compliance with the Louisiana Commission on Human Rights (LCHR) and Title I of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.), your assistance is requested to provide information in support of this request. Please answer the following questions and provide the completed questionnaire to your patient, who will return it, with her full application request for accommodations to RTA.

Physician's Name License Number:

Physician's Phone Number: Date of Examination:

- I have reviewed my patient's request for testing accommodations and can certify: (Please check the appropriate box)
I support my patient's request for testing reasonable accommodation(s) as these will enable my patient to complete RTA's employment examination process. I certify that this patient has a physical or mental impairment that would limit their ability to otherwise participate equally in this testing process without these accommodations in place.
I cannot support my patient's request for testing; I am unaware of his/her need for testing accommodations.
Other / Additional Information:

Health Care Provider's Signature

Date

Please return this completed form to your patient.



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**FORM B**

## **EMPLOYEE/ APPLICANT REQUEST FOR REASONABLE ACCOMMODATION**

New Orleans Regional Transit Authority (RTA) will provide Reasonable Accommodation to all disabled applicants and employees within the meaning of the Louisiana Commission on Human Rights (LCHR) and Title I of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.). To ensure that Reasonable Accommodation is made, RTA will engage in good-faith interactive processes with applicants and employees requesting accommodation. As part of the interactive process, RTA requests information to support applicants and employees with their reasonable accommodation needs. By completing this form, you will notify RTA that an interactive process needs to begin for you to determine if you are a disabled applicant or employee under the law, and if so, what accommodations may be reasonable to implement to support you to be able to safely and fully perform all of the essential functions of your position.

Please be advised that RTA will provide disabled applicants and employees with the most appropriate reasonable accommodation and that the specific accommodation implemented may not be your preferred option. Critical to all requests for accommodation, clear information from a health care provider must accompany your request indicating that you do have a serious medical condition, the duration of such condition and what work restrictions it produces. Should you be unable to provide the needed medical information in support of your request, you may be sent to a RTA Health Care Provider to obtain such information. Please also note that no information relating to your diagnosis, condition or treatment is to be provided. Discuss with your health care provider to ensure that she/he does not provide protected medical information as part of this process.

**Please complete the attached Employee Questionnaire and provide the complete packet (Form B and Form C) and a copy of the Job Description or Essential Functions Job Analysis to your Health Care Provider for review and in support of him/her completing the Questionnaire. Once completed, please submit the completed forms your Human Capital Coordinator so that additional activities can occur in support of your request for accommodation:**

Human Capital Coordinator  
2817 Canal Street  
New Orleans, LA 70119  
[humanresources@rtafoward.org](mailto:humanresources@rtafoward.org)

If you require assistance completing this form, please contact your Human Capital Coordinator directly.

**REQUEST FOR REASONABLE ACCOMMODATION  
Employee Questionnaire**

*Please return completed Form B and Form C to your Human Capital Coordinator*

Date	
Name	
Badge Number	
Division /Department	
Job Title	
Email Address	
Phone Numbers (home, office & cell)	
Home Address	
Supervisor's Name	

*Please complete the following:*

1. What, if any, job functions are you having difficulty performing?

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2. What, if any, employment benefits are you having difficulty accessing (e.g. health insurance, EAP, etc.)?

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3. What limitation(s) is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this limitation?

NO  
 YES

If yes, what were they and how effective were they?

Continued on next page...

4. Is there any additional information that you would like RTA to be aware of that may assist in this process? Please do not provide any information on your diagnosis, condition or treatment.

*I certify that the above is true and accurate.*

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Employee's Original Signature

Date

***Please attach completed Form C and submit both  
Form B and Form C to your Human Capital Coordinator to  
humanresources@rtaforward.org***

*Received:*

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Signed

Print Name

Date Received





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REQUEST FOR REASONABLE ACCOMMODATION
Health Care Provider Questionnaire

To: Employee's Personal Health Care Provider
From: Human Capital Coordinator / New Orleans Regional Transit Authority (RTA)
Via: Patient's Name:
Re: Patient's Request for Reasonable Accommodation Medical Questionnaire

Your patient is in the process of requesting reasonable accommodations from RTA to assist him/her to perform the essential functions of his/her position safely. In compliance with the Louisiana Commission on Human Rights (LCHR) and Title I of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.), your assistance is requested to provide information in support of this request. Please answer the following questions and provide the completed questionnaire to your patient, who will return it, with her full application, to NORTA's Workforce Well-Being Services for use in his/her interactive process.

As part of your evaluation of the questions below, please ensure that your patient has provided you with a copy of the Job Description or Essential Functions Job Analysis for his/her position:

Health Care Provider's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Health Care Provider's Phone Number: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

I have reviewed the Job Description or Essential Functions Job Analysis for my patient, and can provide the following clarification:

(Check boxes and insert text as appropriate)

- 1. Does your patient have a physical or mental impairment that limits his/her ability to engage in a major life activity, such as the ability to work, care for his/herself, perform manual tasks, walk, see, hear, eat, sleep, or engage in social activities.
[ ] NO, my patient does not have a physical or mental impairment that limits his/her ability to engage in a major life activity.
[ ] YES, my patient has a \_\_\_\_\_ PHYSICAL and/or \_\_\_\_\_ MENTAL impairment that limits his/her ability to engage in a major life activity.

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2. If the answer to question number one is yes, does the impairment currently affect your patient's ability to perform the essential functions of their position (see attached job description).
- NO, my patient's impairment does not limit his/her ability to perform all of the essential functions of his/her position.
  - YES, my patient's impairment does affect his/her ability to perform the essential functions of their position.
3. If the answer to question number two is yes, what work restriction(s) or functional limitations does his/her disability produce that are in need of accommodation? Please be as specific as possible. (e.g., if providing a restriction to standing, how many minutes can she stand before she would need to sit for X minutes, etc.) **List all necessary work restrictions with sufficient detail so all parties will understand how to interpret and apply them:**

**Please mark all that apply:**

- Maximum lifting/carrying of \_\_\_\_\_ pounds
- Maximum repetitive lifting/carrying of \_\_\_\_\_pounds or more
- NO bending more than \_\_\_\_\_ times in a row and \_\_\_\_\_ minutes per hour
- NO twisting of the waist more than \_\_\_\_\_ minutes at one time and \_\_\_\_\_minutes per hour
- NO stooping more than \_\_\_\_\_ minutes at one time and \_\_\_\_\_ minutes per hour
- NO squatting more than \_\_\_\_\_ minutes at one time and \_\_\_\_\_ minutes per hour
- NO kneeling more than \_\_\_\_\_ minutes at one time and \_\_\_\_\_ minutes per/ right \_\_\_\_\_ left \_\_\_\_\_ both knees
- NO pushing/pulling of \_\_\_\_\_ pounds of force
- NO standing in excess of \_\_\_\_\_ minutes at one time and \_\_\_\_\_minutes per hour/hours per day
- NO sitting in excess of \_\_\_\_\_ minutes at one time and \_\_\_\_\_ minutes per hour per day
- NO walking in excess of \_\_\_\_\_ minutes at one time and \_\_\_\_\_ minutes per hour/hours per day
- Restricted above shoulder level reach for \_\_\_\_\_ minutes at one time and minutes per hour
- Must alternate sitting/standing after \_\_\_\_\_ minutes of one activity
- NO running or no running more than \_\_\_\_\_ minutes at one time and maximum minutes per day
- NO jumping
- NO climbing of stairs or steps or limit stairs and steps to \_\_\_\_\_ steps at one time
- Maximum keyboarding/data entry on one time \_\_\_\_\_ minutes, \_\_\_\_\_ minutes per hour and \_\_\_\_\_ hours per day
- Hand use limitations:



Other: (list below)

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- Restrictions listed are **TEMPORARY** through \_\_\_\_\_ (date)
- Restrictions listed are **PERMANENT**

4. Does your patient's continued assignment to their job pose a significant risk of substantial harm to the health and safety of the employee or others?

- NO
- YES, complete questions # 5 and # 6 below.

5. If the answer to question number four is yes, identify the duration, nature, severity, likelihood and imminence of each specific risk.

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6. If the answer to question number four is yes, identify any specific work restrictions(s) that if accommodated, would reduce or eliminate the risk(s) described in question number five.

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7. Additional Restrictions / Accommodation Suggestions: Please use the space below to include any additional information that you believe would be helpful to the interactive process for this employee. **Do not provide any information on your patient's diagnosis, condition or treatment. We are not requesting, nor can we receive, any medically private information.** RTA is only requesting information from you on your patient's work restrictions, functional limitations or accommodation suggestions to support them to fully and safely perform the essential functions of their position.

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Health Care Provider's Original Signature

Date

***Please return this completed form to your patient, who will return it to  
RTA's Human Capital Coordinator.***



### Temporary Modified/Light Duty (TMLD) Assignment Agreement

To be completed by Human Capital Coordinator

<b>Employee Name</b>	
<b>Job Title</b>	<b>Badge #</b>
<b>Dept./Division</b>	<b>Date of Injury/ Onset of Illness</b>
<b>Date Assigned to Temporary Light Duty by Physician:</b>	
<b>Light Duty Start Date:</b>	<b>Light Duty End Date:</b>
<b>Description of Work Restrictions, per Treating Physician (List specifically what is stated in medical note)</b>	
<b>Assignment Type Offered</b> <input type="checkbox"/> Modified <input type="checkbox"/> Light Duty <b>Description of Accommodation(s) Offered:</b>	
<b>Work Schedule</b> <input type="checkbox"/> Unchanged <input type="checkbox"/> Changed	<b>Work Hours per Day:</b> From                      am/pm to                      am/pm
<b>Assigned Supervisor's Name, if different</b>	
<b>Comments/Other</b>	

I agree to follow and adhere to the temporary work restrictions as prescribed above by my treating physician. I also understand if I am asked to perform any work assignments or activities that I believe are unsafe or exceed my work restrictions, I will immediately report the situation to my direct supervisor and Human Capital, and I will not perform these activities. I also agree I will immediately report to my direct supervisor and to Human Capital if any of the job activity causes me discomfort or pain, or makes my medical condition worse.

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I understand RTA has offered me a Temporary Modified/Light Duty (TMLD) assignment as a way to support me to maintain work patterns and income while I continue to medically improve. I understand TMLD assignments typically will not exceed a maximum of 90 days, and this TMLD assignment does not imply entitlement to a permanently modified position. This TMLD assignment may be extended upon approval at 90-day intervals if I continue to medically improve, as evidenced by reduced restrictions. I understand it is my responsibility to provide Talent Acquisition with a new medical notice at the conclusion of the initial approval period. I understand this approval period ends on the date listed above and will not be extended, and my TMLD assignment may be ended, unless I provide additional needed medical certification. I also understand that this assignment will end immediately when my condition has reached permanent and stationary status and if I am provided with permanent work restrictions.

**Human Capital  
Coordinator**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee's  
Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's  
Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_



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**FORM E**

**ACCOMMODATION APPROVAL LETTER**

Date:

Employee's Name

Employee's Address

Dear (Name):

This letter is in response to your request for an accommodation to perform the essential functions of your position. The health care provider's note that you provided to us on (date) stated that you have the following work restriction(s): (list restrictions). We met with you to discuss possible accommodations needed because of these restrictions on (date).

We have approved the following accommodation (s): (list accommodations). These accommodations are considered the most effective given your essential job functions and our operational necessities. The accommodations will be implemented and effective on (date).

Your records will be maintained in accordance with applicable confidentiality requirements.

Please contact me at (phone number) if you have any questions.

Sincerely,

(Name)

Human Capital Coordinator (Title)  
Human Capital



**ACCOMMODATION DENIAL LETTER**

Date:

Employee's Name

Employee's Address

Dear (Name):

This letter is in response to your request for an ADA accommodation to perform the essential functions of your position. The healthcare providers' not that you provided to use on (date\_ stated that you have the following restrictions: (list restrictions). We met with you to discuss possible accommodations needed because of these limitations on (date).

The essential functions of a (employee's job title) require the employee to (list relevant essential job functions). After a careful review of your request, we have determined that we are unable to provide you with a reasonable accommodation at this time because of (reason).

Since we are unable to reasonable accommodate you in your current job, we will attempt to accommodate you by transferring you to a vacant position within RTA for which you are qualified. If you would like to discuss alternative accommodations, please contact me at (phone number).

Your records related to this accommodation request will be maintained in accordance with applicable confidentiality requirements.

Please contact me at (phone number) if you have any questions.

Sincerely,

(Name)

Human Capital Coordinator (Title)  
Human Capital