

**Policy and Procedure Manual  
 Administrative Manual  
 Administrative Institutional  
 Department: Human Resources**



Written: 03/13/12  
 Reviewed: 04/02/12; 07/21/16  
 Revised: 03/21/12; 08/12/16  
 Medical Foundation Review/Revised: 12/18/12  
 Page: 1 of 3 (Attachment)

**Reasonable  
 Accommodations**

**APPROVALS:**

SLT: 08/12/16

Scope:  X  Medical Center  X  Beckman Research  X  Philanthropy  X  Foundation

**I. PURPOSE / BACKGROUND**

This Policy reflects current state and federal requirements, provides guidance and current procedures for responding to employee/applicant requests for reasonable accommodation, and contains updated information regarding related resources. Federal and state laws and COH policy provide that no individual shall be denied the right and opportunity to seek, obtain and hold employment, or be subjected to discrimination by reason of a disability. This is in accordance with Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, Fair Employment and Housing Act (FEHA), and applicable state laws. An employee may have separate rights to protected leave under the Family and Medical Leave Act, California Family Rights Act, Pregnancy Disability Leave Act, and/or bargaining unit agreements.

**II. POLICY**

City of Hope (“COH”), which includes City of Hope (Philanthropy), City of Hope National Medical Center (“COHNMC”), City of Hope Medical Foundation (“COHMF”) and Beckman Research Institute (“BRI”), is committed to providing equal employment opportunities for individuals with disabilities and does not discriminate on the basis of a disability in its employment or activities.

**III. PROCEDURE**

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
All Staff	<p><b>A. REASONABLE ACCOMMODATION PROCEDURAL GUIDELINES:</b></p> <ol style="list-style-type: none"> <li>The reasonable accommodation process requires the cooperation of all involved to allow individuals with disabilities to receive accommodations necessary to perform the essential functions of their jobs. State and federal statutes mandate that the employer and employee/applicant participate in an interactive process to determine an effective reasonable accommodation any time the employee/applicant requests a reasonable accommodation, or if the disability is</li> </ol>

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
All Management Personnel	<p>known by the employer and it becomes aware of a potential need for accommodation. Applicants and employees may use the form attached hereto to request a reasonable accommodation. All questions regarding the reasonable accommodation process should be directed to the Manager, Employee and Labor Relations, Department of Human Resources, using the contact information set below.</p> <p><b>B. MEDICAL RELATED INFORMATION – CONFIDENTIALITY REQUIREMENT:</b></p> <ol style="list-style-type: none"> <li>1. Any supervisor/designee who obtains or receives medical information must maintain the confidentiality of the information. The disclosure of this information is allowed only in the following circumstances:                     <ol style="list-style-type: none"> <li>a. Human Resources staff associated with the reasonable accommodation process shall be provided with medical documentation or information regarding a request for accommodation.</li> <li>b. The employee’s supervisor/designee may be advised about restrictions to facilitate the application process.</li> <li>c. Medical and safety personnel may be advised, when appropriate, if the disability might require emergency treatment.</li> <li>d. Government officials and agencies, in accordance with applicable laws.</li> <li>e. Those persons with a need to know within the confines of COH’s policies and procedures.</li> </ol> </li> </ol> <p><b>C. NON-RETALIATION PROTECTIONS:</b></p> <ol style="list-style-type: none"> <li>1. COH prohibits retaliation against an employee/applicant who makes a request for reasonable accommodation or participants in the reasonable accommodation process. Any applicant or employee who believes he or she has been retaliated against in violation of this policy shall report the alleged violation to the Manager, Employee and Labor Relations, Department of Human Resources, using the contact information set forth below. Any employee found to have engaged in such retaliation may be subject to discipline, up to and including termination.</li> </ol>

Owner: Senior Director, Employee and Labor Relations  
 Sponsor: Chief Human Resources and Diversity Officer

**Related Policies:**

1. Disciplinary Action
2. Harassment
3. Leave of Absence: Bone Marrow, Peripheral Blood Stem Cell, and Organ Donation
4. Leave of Absence: Family and Medical Leave (FMLA)

5. Leave of Absence: Pregnancy-related Disability
6. Leave of Absence: Workers' Compensation

**Appendix One – Acronyms, Terms and Definitions Applicable to this Policy:**

1. **City of Hope (“COH”)** – City of Hope National Medical Center (“COHNMC”), Beckman Research Institute (“BRI”), Philanthropy and the City of Hope Medical Foundation (“COHMF”), collectively referred to as City of Hope (“COH”), for the purposes of this policy.
2. **Medical Center** – Refers to all facilities covered by City of Hope National Medical Center’s hospital license.

**Attachment:**

1. Reasonable Accommodation Application

**Contact:**

Employee and Labor Relations Department  
Human Resources  
City of Hope, 1500 Duarte Rd., Duarte CA 91010  
Modular 146  
Phone: 626-301-8202  
Internal Ext. 62348

**COH APPLICATION FOR REASONABLE ACCOMMODATION**

**Section I – Applicant/Employee Information**

\_\_\_\_\_  
Applicant/Employee Name

\_\_\_\_\_  
Employee Number (if applicable)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Alternate Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor

Do you have a previous request for accommodation on file?  No  
 Yes, date:

**Section II – Request for Accommodation**

a) Describe the condition requiring accommodation. Attach any pertinent medical note/report from your health care provider.

b) Describe the job functions you are unable to perform due to your medical condition.

c) Describe the specific accommodation(s) you are seeking to facilitate performance of your essential job functions. Include alternative accommodations.

### Section III: Certification

I certify that all information contained in this application is true and correct. I understand that if I am granted an accommodation and it is subsequently determined that the decision was based upon a misrepresentation or false information, I may be subject to disciplinary action, my request or accommodation may be withdrawn, and I may be required to reimburse related costs to COH.

I further understand that this application, attachments, and all medical information subsequently requested will be considered confidential medical information and will be retained by COH except where released by me for other use or otherwise as may be required by law.

\_\_\_\_\_  
Applicant/Employee Name

\_\_\_\_\_  
Employee Number (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Deliver to:**

Employee and Labor Relations Department  
Human Resources  
City of Hope, 1500 Duarte Rd., Duarte CA 91010  
Modular 146  
Phone: 626-301-8202  
Internal Ext. 62348