

Americans With Disabilities Act (ADA) COVID-19 FAQ's

1. *What is the ADA?*

The Americans with Disabilities Act, or ADA, is designed to provide reasonable accommodations to qualified applicants and employees to assure that individuals with disabilities enjoy full access to equal employment opportunity.

2. *What is a considered a disability under the ADA?*

The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities or a major bodily function.¹

3. *What is a “reasonable accommodation” under the ADA?*

A reasonable accommodation is any modification or adjustment that will enable an applicant or employee with a disability to participate in the application process or to perform essential job functions. An accommodation cannot *remove* an essential job function.

4. *How do I apply for an ADA accommodation?*

Complete the ADA intake application, located at:

<http://www.tusd1.org/Portals/TUSD1/District/docs/TUSDforms/HR1100ADAIntakeApplication.pdf>

You fill out the Employee section, Part A; have your Supervisor fill out Part B, and then have your physician complete the Physician section, Part C. The supervisor and physician need to understand the employee request to properly complete Part B and C. All three sections of the form are needed to begin the review process. Email your completed application to: ADAIntake@tusd1.org

5. *Do I really have to have a medical provider fill out the Physician’s part of the request?*

Yes, unless there is already a record of an impairment or the impairment is apparent (e.g., an employee who uses a wheelchair), this is required to verify medical need. The physician statement is critical to assist the ADA Office to know what tasks the employee is able to perform.

6. *My supervisor knows all about my medical needs and history. Can they make the request for what I need?*

No. Your supervisor’s role is to fill out the Supervisor’s portion of the ADA packet and which addresses how the school or department can reasonably accommodate your needs and still fulfill the essential functions of the job as it is performed at the school or department.

7. *I want to request an accommodation, but I do not want my medical information being disclosed to others at the school.*

The ADA and TUSD policy protect all information provided under the ADA process from disclosure to anyone who does not have a need to know in order to implement any

¹ [42 U.S. Code § 12102](#)

accommodations. In most circumstances, this will be the ADA team and your supervisor. In addition, these records are kept separately from an employee's HR record.

8. *Can I request an ADA Accommodation due to COVID-19? How is my current COVID-19 accommodation impacted by the re-opening of school?*

Effective March 22, 2021, Governor Ducey provided an Executive Order mandating the return of in-person instruction for all students electing to return to campus. Due to this order and the need to provide in-person student supports and supervise students on campus, all teachers and support staff are required to return to campus.

For employees whose essential functions include the supervision or direct services to students in the classroom, remote work will likely not be a reasonable accommodation when students are present. Other accommodations, including on-site COVID-19 mitigation and leave options, may be available. However, each ADA request will be evaluated on a case-by-case basis considering employee and employer needs.

9. *I have an accommodation for remote work approved when TUSD was in 100% remote instruction. TUSD has returned to on-campus learning, what happens to my accommodation for working remotely?*

TUSD is fully open for the 2021-22 school year. All TUSD employees are required to report to their designated work site. ADA accommodations are intended to assist individuals in performing their essential duties. An accommodation that eliminates an essential function is not qualified under the ADA.

An ADA accommodation process doesn't remove aspects of a job description for a person with a disability, but rather it requires reasonable accommodations so they can complete the essential duties of the job. Remote work will not be a reasonable accommodation with students returning to classrooms. (Tucson Unified Virtual Academy program excluded)

10. *If I cannot return to work and remote work is not available as an ADA accommodation, what other options can I consider?*

There are several leave options available you may be eligible for. They are:

- Traditional FMLA
- Medical or Personal 30
- Governing Board Leave

Please contact Benefits for guidance at 225-6144 or via email at Benefits@tusd1.org

11. *If I have questions about ADA - what do I do?*

Please email all questions to: ADAIntake@tusd1.org. Please include a telephone number where a member of the ADA team can reach you.

INSTRUCTIONS FOR COMPLETING THE AMERICANS WITH DISABILITIES INTAKE APPLICATION

The Americans with Disabilities Act (ADA) definition of an individual with a disability is very specific. A person with a “disability” is defined as an individual who:

- Has a physical or mental impairment that substantially limits one or more of his/her major life activities, (examples of major life activities include, but are not limited to, seeing, hearing, lifting, walking, learning, working or performing manual tasks);
- Has a record of such an impairment; or,
- Is regarded as having an impairment.

The attached forms must be completed by the employee, the supervising administrator and the attending physician, and returned within ten (10) working days to the TUSD ADA Division. All questions on these forms must be answered completely. Incomplete or illegible answers may result in a delay of review. Please be sure to keep a copy of these forms and any attachments for your records.

PART A: EMPLOYEE’S STATEMENT – You, the employee, must complete this section. Please make sure you include your signature, date, and all other requested information at the bottom of the form after you complete this section.

PART B: SUPERVISING ADMINISTRATOR’S STATEMENT – Your supervising administrator must complete and sign this section.

PART C: MEDICAL INQUIRY FORM – This is your Attending Physician’s statement. The physician who is primarily responsible for your care must complete this section. Please ensure that your physician personally signs and dates this statement.

Attach any additional information you believe will assist us in evaluating your request. All medical records obtained during the intake process are confidential and should be sent directly to the TUSD ADA Division.

For questions, please call the 225-6040 or 225-6601, or email ADAIntake@tusd1.org

EMPLOYEE NAME: _____

PART A EMPLOYEE'S STATEMENT

Employee Name: _____

Site/Dept: _____ Position: _____

Employee ID: _____ Phone: _____

Address: _____

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about options we can explore? Yes No

If yes, please explain:

Is your accommodation request time sensitive? Yes No

If yes, please explain:

EMPLOYEE NAME: _____

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

What, if any, employment benefit are you having difficulty accessing?

Have you had any accommodations in the past for this same limitation? ___ Yes ___ No

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

If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide any additional information that might be useful.

Signature

Date

EMPLOYEE NAME: _____

PART B: SUPERVISING ADMINISTRATOR'S STATEMENT

Employee Name: _____ Site/Dept: _____

Have you reviewed the Employee's Statement (Part A) of this intake application?

___ Yes ___ No

Have you done anything to assist the employee to perform the functions of their job?

___ Yes ___ No If yes, what have you done?

List any recommendations you have to assist the employee in doing his/her job:

Additional Comments:

Printed Name

Date

Signature

Position

EMPLOYEE NAME: _____

PART C: MEDICAL INQUIRY/CONSENT TO RELEASE INFORMATION FORM

(To be completed by Employee's treating Physician)

I authorize my treating physician/psychologist to release information requested in this document to Tucson Unified School District for the purpose of facilitating my request for reasonable accommodation.

Name: _____ DOB: _____

Address: _____ Phone: _____

Signature Date

A: Questions to help determine whether an employee has a disability.

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability.

Does the employee have a physical or mental impairment? ____ Yes ____ No

If yes, what is the impairment:

Is the impairment long term or permanent? ____ Yes ____ No

If **not** permanent, how long will the impairment likely last? _____

Please answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

EMPLOYEE NAME: _____

Does the impairment substantially limit a major life activity? Yes No

Note: Does not need to significantly or severely restrict to meet this standard

If the impairment substantially limits a major life activity what is/are affected?

- | | | | |
|--|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Caring for Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Interacting with Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Sitting |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Reproduction |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | | |

Does the impairment substantially limit the operation of a major bodily function? (Note: Does not need to significantly or severely restrict to meet this standard)

Yes No

If yes, what bodily function is affected? (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Immune | <input type="checkbox"/> Hemic | <input type="checkbox"/> Circulatory |
| <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Special Sense Organs and Skin | <input type="checkbox"/> Endocrine |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Neurological | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Brain | <input type="checkbox"/> Special Sense |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Cardiovascular |

Other:

B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What Limitation(s) is interfering with job performance?

EMPLOYEE NAME: _____

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform job functions(s)?

C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations.

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

How would your suggestions improve the employee's job performance?

EMPLOYEE NAME: _____

Comments:

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 an individual or family member of the individual, except as specifically allowed by the law. To comply with this law, we are asking that you not provide any genetic information when responding to the request for medical information.

Medical Professional's Signature: _____ Date: _____

Print/Stamp Name & Specialty: _____

Practice Name/Address: _____

Phone: _____ Fax: _____

To return Part C:

Scan and email it to: ADAIntake@tusd1.org.

Fax to 520-623-1311

Mail in or drop off at 1010 E. 10th St, Risk Management Dept, Tucson, AZ 85719

Please note - electronic signatures are not accepted at this time.