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GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
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JOHN Q. HAMM
COMMISSIONER

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**ADMINISTRATIVE REGULATION
NUMBER**

OPR: PERSONNEL

222

INDIVIDUALS WITH DISABILITIES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes responsibilities, policies, and procedures for ensuring compliance with the Americans with Disabilities Act of 1990 (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973. ADOC employees are strictly prohibited from retaliating against any individual who opposes or files a complaint regarding prohibited conduct, or who participates in any aspect of the complaint, investigation, or reasonable accommodation process.

II. POLICY

The ADOC is committed to compliance with the ADA and applicable federal and state laws. Accordingly, the ADOC shall not discriminate against any individual on the basis of an actual or perceived disability and shall provide reasonable accommodations to qualified individuals with disabilities or temporary impairments who appropriately notify the Department, provided such accommodations do not create an undue hardship on ADOC operations.

III. DEFINITIONS

A. **Disability**: An individual with a disability is a person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such impairment; or
3. Is regarded as having such an impairment.

B. **Essential Functions**: The core duties of a job that an individual must be able to perform, with or without reasonable accommodation. These functions are fundamental to the position and do not include marginal or incidental tasks. A function is generally considered essential if:

1. The job exists to perform that specific task;
2. There are few employees available to perform it; or
3. It requires specialized skills or training.

The ADOC may also determine essential functions based on job descriptions, task statements, legal requirements, past and current work practices, time spent on the task, and the impact of not performing the function.

C. **Individuals**: Employees, contractors, volunteers, vendors, job applicants, customers, visitors, and other persons involved with the ADOC.

D. **Limited Duty**: A temporary modification of an employee's job responsibilities due to a personal medical condition (e.g., pregnancy) or a personal or work-related injury. Limited duty may involve restricted or modified tasks within the employee's current job description or an alternate assignment. These assignments are generally limited to 90 days but may be extended on a case-by-case basis with appropriate approval.

E. **Major Life Activity**: Including, but not limited to, functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. The term also includes the operation of major bodily functions, such as the functions of the immune system, normal cell growth, and the digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive systems.

F. **Qualified Individual with a Disability**: An individual who has a disability and who meets the requisite skill, experience, education, and other job-related requirements of a position, and who can perform the essential functions of the job, with or without reasonable accommodation.

G. **Reasonable Accommodation**: Any modification or adjustment to a job, the work environment, or the manner or circumstances under which the position is customarily performed that enables a qualified applicant or employee with a disability to be considered for a position, to perform the essential functions of the position, or to enjoy equal benefits and privileges of employment as employees without disabilities.

1. Reasonable accommodations may include, but are not limited to:
 - a. Making existing facilities accessible to and usable by individuals with disabilities;
 - b. Job restructuring;*
 - c. Part-time or modified work schedules;
 - d. Reassignment to a vacant position;
 - e. Acquisition or modification of equipment or devices;
 - f. Adjustment or modification of examinations, training materials, or policies;
 - g. Provision of qualified readers, interpreters, or other auxiliary aids and services; and
 - h. Other similar accommodations that do not impose an undue hardship on the operation of the Department.

H. **Regarded as Having Such an Impairment**: An individual is considered “regarded as” having a disability if they are subjected to a discriminatory action because of an actual or perceived physical or mental impairment, regardless of whether the impairment substantially limits, or is perceived to limit, a major life activity. However, impairments that are both transitory (lasting or expected to last six months or less) and minor are not covered under this provision.

I. **Transitory Impairment (commonly referred to as temporary impairment)**: Impairment with an actual or expected duration of six (6) months or less.

J. **Undue Hardship**: A condition in which providing a reasonable accommodation would result in significant difficulty or expense for the ADOC. Factors considered include the nature and cost of the accommodation, the overall resources of the facility and the department, the impact on operations and security, and the structure and function of ADOC’s correctional environment.

IV. **RESPONSIBILITIES**

- A. Facility/Division Directors are responsible for ensuring compliance with the provisions of the ADA and the Rehabilitation Act.
- B. Equal Employment Office (EEO) at Central Office is responsible for guiding and supporting Facility/Division Directors in complying with this regulation, ensuring accommodation requests are properly forwarded and processed, and assisting in the

review and coordination of lawful, timely, and appropriate decisions regarding individuals requesting reasonable accommodations.

- C. Individuals are responsible for notifying the ADOC of concerns under the ADA or Rehabilitation Act and for requesting an accommodation for a disability.

V. **PROCEDURES**

A. Submission of a Reasonable Accommodation Request:

1. A qualified individual with a disability or temporary impairment must initiate a reasonable accommodation request by submitting ADOC Form 222-A, *Reasonable Accommodation Request Form*, to their immediate supervisor.
2. The request must be accompanied by:
 - a. ADOC Form 222-B, *Physician Questionnaire*, and
 - b. If the individual is an APOSTC-certified correctional enforcement officer, ADOC 222-C, *Essential Functions Checklist (Correctional Officers)*.
 - c. If the individual is not an APOST certified correctional enforcement officer, prepare an essential functions checklist using ADOC 222-D, *Sample: Essential Functions Checklist (Non-Correctional Officers)*.
3. These supplemental forms must be completed by the licensed medical professional treating the individual for the condition prompting the accommodation request.

B. Routing and Initial Review:

1. The Reasonable Accommodation Request Form and all supporting documentation must be submitted through the chain of command to the appropriate Facility/Division Director, or designee, and to the EEO.
2. While a determination is pending, the requesting employee may be temporarily placed on a limited duty assignment, if such an assignment is available.

C. Temporary Impairments and Limited Duty Assignments:

1. If the submitted medical documentation indicates that the impairment is temporary, the Facility/Division Director may assign the employee to a limited duty post. Although pregnancy is not considered a disability under the ADA, it is ADOC policy to authorize limited-duty assignments for pregnant employees to the same extent it does for other employees with similar temporary work limitations.

a. Limited Duty Assignment Guidelines:

- (1) If a limited duty post is available, the Facility/Division Director, in coordination with the EEO, shall assign the employee accordingly.
- (2) Updated medical documentation is required every 30 days to support the continuation of the limited duty assignment.
- (3) Limited duty assignments exceeding 90 days must be approved by the Commissioner or designee. Requests must be routed through the EEO, Personnel Division Legal Counsel, and Personnel Division Director for review.
- (4) For security or law enforcement personnel, the ADOC may require the temporary surrender of weapons, credentials, equipment, and computer access. The employee may also be prohibited from wearing a uniform, badge, or operating a state vehicle. This determination must be based on the totality of the circumstances and documented by the supervisor.

- b. If no limited duty assignment is available, the Facility/Division Director shall submit a written recommendation for denial through the proper channels to the Commissioner or designee. The EEO will notify the employee in writing of the final determination.

D. Permanent Disabilities:

1. If the submitted medical documentation indicates a permanent disability, ADOC will evaluate options for reasonable accommodation (e.g., reassignment, modified duties, FMLA leave).
2. Requests will be reviewed by the EEO, Personnel Division Legal Counsel, and Personnel Division Director, and then forwarded to the Commissioner or designee for final determination.
3. Recommendations to deny a reasonable accommodation must follow the same process and include written justification from the EEO.

E. Facility and Building Accessibility:

1. Any employee requesting facility or physical access accommodations (e.g., ramps, accessible restrooms) shall direct such requests to the Facility/Division Director. Questions about feasibility or appropriateness shall be referred to the EEO for review and coordination.

F. Applicant Testing Accommodations:

1. Applicants seeking accommodations for classifications with testing requirements (e.g., Correctional Officer Trainee) must submit requests to the ADOC Hiring Team, which will consult with the EEO as needed.
2. Applicants for all other classifications should direct testing accommodation requests to the Alabama State Personnel Department.

VII. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VIII. FORMS

- A. ADOC Form 222-A, *Reasonable Accommodation Request Form*.
- B. ADOC Form 222-B, *Physician Questionnaire*.
- C. ADOC Form 222-C, *Essential Functions Checklist (Correctional Officer)*.
- D. ADOC Form 222-D, *Sample: Essential Functions Checklist (Non-Correctional Officer)*.

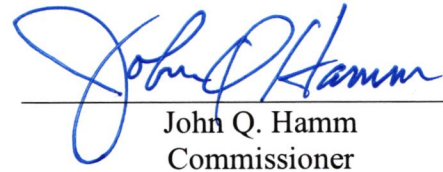
IX. SUPERSEDES

- A. This Administrative Regulation supersedes AR 222, *Individuals with Disabilities*, dated November 26, 2003, and any changes.

X. PERFORMANCE

This AR updates policies and procedures concerning individuals with disabilities and is based on the laws and regulations below.

- A. Americans with Disabilities Act, 1990, as amended.
- B. Equal Employment Opportunity Commission (EEOC) Technical Assistance Manual, ADA.
- C. Section 504 of the Rehabilitation Act of 1973.



John Q. Hamm
Commissioner



Purpose and Submission Requirements

This form is to be used by a qualified individual to request a reasonable accommodation for a disability that will enable him or her to perform the essential functions of their job, or to request an accommodation (e.g., limited duty, job restructuring, modified work schedule) for a temporary impairment. This form must be supplemented by ADOC Form 222-B, Physician Questionnaire, completed by the licensed medical professional providing care for the condition prompting the request.

If the requesting individual is an APOSTC-certified correctional or law enforcement officer, an Essential Functions Checklist must also be included.

Completed forms and all required supplemental documentation must be submitted through the individual's supervisory chain of command to the appropriate Facility/Division Director and the ADOC Equal Employment Office.

If a reasonable accommodation request is delayed, ignored, or not acknowledged in a timely manner, the individual should contact the EEO Office directly for assistance and follow-up.

Requestor Information

Name:	
Work Location:	Job Classification:
Telephone (Home/Cell):	Telephone (Work):
E-Mail Address:	

Accommodation Request

Start Date:	End Date:
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Specific Details: _____

Reason for Request

Acknowledgement

I certify that the information provided in this request is accurate to the best of my knowledge. I understand that this request will be reviewed in accordance with the Americans with Disabilities Act and Rehabilitation Act and applicable ADOC Administrative Regulations.

 Signature _____
 Date



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PHYSICIAN QUESTIONNAIRE

DATE: _____

TO: _____
(Printed/Typed Name of Employee's Physician)

FROM: _____
(Employee – Print/Type)

(Job Class – Print/Type)

(Employee Signature)

SUBJECT: Physical/Mental Ability to Work

Please complete this questionnaire and mail it directly to my place of employment within seven days, if possible.

1. Please describe any impairment as it relates to the duties I must perform in my job, as reflected in the attached job description (attach any documents/expanded explanations).

2. Is this impairment(s) permanent or temporary? If temporary, please estimate time.

3. Can I perform the duties listed without posing a direct threat to my health or safety or to that of others?

4. Do you have an opinion about possible accommodations that would overcome any impairment described above? If so, please include this information.

5. Other information/comments:

(Physician Name – Print/Type)

(Physician Signature)

(Address)

(Telephone Number)

(City, State, Zip)



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ESSENTIAL FUNCTION CHECKLIST FOR CORRECTIONAL OFFICERS

Patient/Employee's Name: _____

Facility: _____

THE FOLLOWING ITEMS DESCRIBE ESSENTIAL ACTIVITIES THAT THIS PATIENT/EMPLOYEE MUST BE CAPABLE OF PERFORMING TO FULLY PERFORM THE JOB OF A CORRECTIONAL OFFICER.

IN A WORKDAY, THE PATIENT/EMPLOYEE MUST: (check the applicable response)

- 1. Sit for a prolonged period to monitor inmate activities: YES NO
- 2. Stand for a prolonged period to monitor inmate activities: YES NO
- 3. Walk for a prolonged period to patrol areas inside/outside the institution: YES NO
- 4. Bend: YES NO
- 5. Squat: YES NO
- 6. Crawl: YES NO
- 7. Climb stairs to a security tower or post: YES NO
- 8. Lift/Carry/Drag 160lbs.: YES NO
- 9. Use hands for repetitive actions such as simple grasping/pushing/pulling: YES NO
- 10. Reach above shoulder level to search high areas: YES NO
- 11. Run/Retreat for his/her personal safety and the safety of others YES NO
- 12. Subdue and restrain violent and combative inmates to prevent fights, assaults, and to enforce the rules and regulations YES NO
- 13. Observe assigned areas of responsibility from a security tower or post YES NO
- 14. Qualify annually with a 12-gauge shotgun YES NO
- 15. Fire a shotgun from a security tower YES NO
- 16. Drive automotive equipment (car, truck, van): YES NO
- 17. Is an APOSTC-certified Correctional Enforcement Officer YES NO
- 18. Can the patient/employee work now? YES NO

****If no, please include the projected date this patient/employee will be capable of performing his/her duties as a Correctional Officer without limitations:**

COMMENTS REGARDING THE PATIENT/EMPLOYEE'S LIMITATIONS:

PHYSICIAN SIGNATURE: _____ DATE: _____

ANY ADDITIONAL COMMENTS MAY BE WRITTEN ON A SEPARATE PAGE(S) AND ATTACHED IF NECESSARY.



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ESSENTIAL FUNCTION CHECKLIST FOR NON- CORRECTIONAL OFFICERS

Patient/Employee's Name: _____

Facility: _____

THE FOLLOWING ITEMS DESCRIBE ESSENTIAL ACTIVITIES THAT THIS PATIENT/EMPLOYEE MUST BE CAPABLE OF PERFORMING TO FULLY PERFORM THE JOB OF _____ . (Warden/Director please list responsibilities below)

IN A WORKDAY, THE PATIENT/EMPLOYEE MUST: (check the applicable response)

- | | | |
|-----|------------------------------|-----------------------------|
| 1. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Can the patient/employee work now? YES NO

**If no, please include the projected date this patient/employee will be capable of performing his/her duties as a _____ without limitations:

COMMENTS REGARDING THE PATIENT/EMPLOYEE'S LIMITATIONS:

PHYSICIAN SIGNATURE: _____ DATE: _____

ANY ADDITIONAL COMMENTS MAY BE WRITTEN ON A SEPARATE PAGE(S) AND ATTACHED IF NECESSARY.