

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
PD-14 (rev. 6), “AMERICANS WITH DISABILITIES ACT AND EMPLOYMENT OF
PERSONS WITH A PERMANENT OR LONG-TERM MEDICAL CONDITION”
JUNE 1, 2015

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TEXAS DEPARTMENT

OF

CRIMINAL JUSTICE

NUMBER: PD-14 (rev. 6)

DATE: June 1, 2015

PAGE: 1 of 22

SUPERSEDES: PD-14 (rev. 5)
February 1, 2011

EXECUTIVE DIRECTIVE

SUBJECT: AMERICANS WITH DISABILITIES ACT AND EMPLOYMENT OF PERSONS WITH A PERMANENT OR LONG-TERM MEDICAL CONDITION

AUTHORITY: Tex. Gov't Code §§ 493.001, 493.006(b), 493.007; Tex. Health & Safety Code §§ 81.001-.353; Tex. Transp. Code §§ 681.001-.013; *Civil Rights Act of 1964 and 1991*, 42 U.S.C. §§ 1981, 1983; *Americans with Disabilities Act of 1990, as amended*, 42 U.S.C. §§ 12101-12117; Federal ADA Regulations at 29 C.F.R. §§ 1630.1-.16; *Rehabilitation Act of 1973*, 29 U.S.C. §§ 720-728a, 791(c), 794; Tex. Lab. Code Title 5 and §§ 21.001-.556; *General Appropriations Act*, and General Salary Administration Provision; and consistent with relevant judicial decisions.

Reference: American Correctional Association Standards 4-4054, 4-4169

APPLICABILITY: Texas Department of Criminal Justice (TDCJ)

EMPLOYMENT AT WILL CLAUSE:

These guidelines **do not** constitute an employment contract or a guarantee of continued employment. The TDCJ reserves the right to change the provisions of these guidelines at any time.

Nothing in these guidelines and procedures limits the executive director's authority to establish or revise human resources policy. These guidelines and procedures are adopted to guide the internal operations of the TDCJ and **do not** create any legally enforceable interest or limit the executive director's, deputy executive director's, or division directors' authority to terminate an employee at will.

POLICY:

The TDCJ shall comply with the provisions of the *Americans with Disabilities Act (ADA)*. The employment status of such employees shall be determined in a consistent and fair manner without regard to race, color, religion, sex (gender), national origin, age, disability, or genetic information.

DEFINITIONS:

“Accommodation Coordinator” is an employee within Employee Relations, Human Resources Division responsible for processing requests from applicants and employees for a workplace accommodation due to a permanent or long-term medical condition.

“Contact Person,” for the purpose of this directive, is: (a) for a posted position, the employee responsible for providing employment application forms, study material, and information regarding worksite visits and to whom employment applications should be submitted; or (b) for a correctional officer (CO) position, the employee who processes the conditional offer of employment.

“Dual Supervised Employee,” for the purpose of this directive, is an employee who holds a position that is customarily departmentally budgeted, assigned to a unit, Correctional Institutions Division (CID) regional director’s office, or Parole Division, and reports to the department head for technical supervision, and to the warden, regional director, or designee for administrative supervision.

“Essential Functions,” for the purpose of this directive, are the fundamental job duties of a position that an applicant or employee must be able to perform, with or without a reasonable accommodation.

“Health Care Provider” is a doctor of medicine or osteopathy, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, licensed acupuncturist, nurse practitioner, nurse mid-wife, or clinical social worker who is performing within the scope of their practice as defined under state law, any health care provider recognized under the Texas Employees Group Benefits Program, or a Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts.

“Major Life Activity” is an activity including, but not limited to: caring for oneself, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, bending, breathing, learning, reading, concentrating, thinking, communicating, working, and speaking.

“Medical Condition” is a physical or mental impairment of a non-temporary nature that substantially limits one or more major life activity. An individual with a medical condition who is eligible for an accommodation under this directive may or may not be a qualified individual with a permanent or long-term medical condition under the *ADA*. Medical conditions may

include any psychological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems or any mental disorder.

“Minimum Qualifications,” for the purpose of this directive, refers to the minimum level of education, experience, training, knowledge, and skills required or preferred for a position. Minimum qualifications are included in each job description.

“Reasonable Workplace Accommodation” is a modification or adjustment to the application process or working environment that: (1) ensures equal opportunity in the employment process; (2) enables an employee with a permanent or long-term medical condition to perform the essential functions of the position held or desired; and (3) does not cause undue or unnecessary hardship to the TDCJ. Once an accommodation has been granted, an employee with a permanent or long-term medical condition shall be held to the same performance and production standards as other employees in a similar position.

“Selection Reviewer” is the employee responsible for reviewing the selection packet to verify that each step of the selection process was conducted in compliance with TDCJ policy and procedures, as well as conducting certain selection process actions, such as document screening or interviewing.

“Technical Supervision” is the supervision of dual supervised employees by supervisors responsible for ensuring the employees adhere to technical policies and procedures, and are trained to perform specialized or technical essential functions, such as functions directly related to agriculture, human resources, industry, or maintenance, and for evaluating and monitoring the employees’ performance of such job duties.

“Trainee” is an employee attending the TDCJ Pre-Service Correctional Officer Training Course or Non-Correctional Officer Training Course at the CID Pre-Service Training Academy (PSTA), Parole Division Parole Officer Training Academy (POTA), or Office of the Inspector General Training Academy (OIGTA).

PROCEDURES:

I. General Provisions

A. Consistent with the *ADA*, the TDCJ shall not:

1. Discriminate against a qualified individual due to the individual’s permanent or long-term medical condition in regard to recruitment or recruitment advertising, selection, placement, layoff or termination, upgrading, demotion, transfer, training, participation in upward mobility programs, rates of pay or other forms of compensation, use of facilities, or other terms and conditions of employment; or

2. Subject a qualified individual with a permanent or long-term medical condition to retaliation for:
 - a. Opposing employment discrimination due to a permanent or long-term medical condition; or
 - b. Testifying or assisting in an investigation of such a claim.
 3. Discriminate against any person due to the person's association with an individual who is protected by the *ADA*.
- B. The *ADA* does not require the TDCJ to provide an applicant or employee with a temporary or short-term medical condition with a reasonable workplace accommodation. However, the TDCJ shall provide an accommodation to an applicant or employee with a permanent or long-term medical condition according to the procedures provided within this directive.

II. Applicants for Employment

The TDCJ shall receive, process the employment application of, and consider for hire an individual with a permanent or long-term medical condition(s) who can perform the essential functions of a job with or without a reasonable workplace accommodation.

A. Pre-Employment Testing

The TDCJ requires that each employee be able to read and write at a level sufficient to perform the essential functions of the employee's position. An applicant, including a current employee applying for another TDCJ position, who has dyslexia or other learning impairment, is responsible for requesting an accommodation prior to a pre-employment testing process. The TDCJ shall accept documentation from a health care provider or verification from a diagnostician or school counselor verifying the condition.

An applicant shall make the need for an accommodation known prior to pre-employment testing. The employee to whom an applicant makes known the need for a pre-employment test accommodation shall ensure the accommodation coordinator is notified of the request.

1. Accommodations for an eligible applicant may include being allowed twice the established time to complete a test and being provided certain permissible aids upon request, such as rulers, index cards, or a separate testing room.
2. Regardless of whether an applicant is eligible for other pre-employment test accommodations, items such as calculators, recorders, dictionaries, or

other similar items are not allowed during testing procedures. In addition, a written test shall not be administered orally to an applicant.

B. Interview Process

An applicant shall make the need for an accommodation known prior to any interview process. The employee to whom an applicant makes the need for an interview process accommodation known shall ensure the accommodation coordinator is notified of the request.

C. Final Applicants for Posted TDCJ Positions

1. Applicant Responsibilities

Upon being read a conditional offer of employment, it is the final applicant's responsibility to notify the contact person, or other TDCJ representative reading the conditional offer of employment, of any workplace accommodation that may be required to perform the essential functions of the job because of a permanent or long-term medical condition.

2. Contact Person or Other TDCJ Representative Responsibilities

If the final applicant makes the need for an accommodation known when the contact person or TDCJ representative reads the conditional offer of employment, the contact person or representative shall:

- a. Proceed with advising the final applicant of the requirement to take a pre-employment drug test; and
- b. Notify the accommodation coordinator of the final applicant's request for a workplace accommodation.

D. Applicants for Correctional Officer Positions

Upon receiving a conditional offer of employment for a CO position from the Employment Section, Human Resources Division, it is the applicant's responsibility to notify the TDCJ of any workplace accommodation that may be required to perform the essential functions of the job because of a permanent or long-term medical condition.

If the applicant receives a Conditional Offer Letter and a Response to Conditional Offer of Employment packet, it is the applicant's responsibility to follow the instructions in the response packet relating to requesting a workplace accommodation.

III. Trainees

The accommodation coordinator shall be contacted if:

- A. A trainee reports any medical condition preventing the trainee from performing all of the essential functions of the trainee's position while attending the PSTA, POTA, or OIGTA; or
- B. It is determined by a member of the PSTA, POTA, or OIGTA staff that the trainee is unable to perform the essential functions of the trainee's position.

IV. Other Current Employees Seeking a Workplace Accommodation

- A. In order for a current employee with a permanent or long-term medical condition to be considered for a workplace accommodation, the employee shall complete a PERS 404, Workplace Accommodation Packet (Attachment A). The employee may:
 - 1. Print the PERS 404 packet from the TDCJ website at www.tdcj.texas.gov; or
 - 2. Receive the PERS 404 packet from the employee's human resources representative or from the accommodation coordinator in Employee Relations.
- B. An employee may submit the completed PERS 404 packet to the human resources representative or to the accommodation coordinator. If the employee faxes the PERS 404 packet to the accommodation coordinator, the employee shall also send the original PERS 404 packet via first class mail or truck mail to the accommodation coordinator. To be considered complete, the PERS 404 packet shall include all of the following original forms:
 - 1. PERS 404-2, Request for a Workplace Accommodation Due to a Permanent or Long-Term Medical Condition; and
 - 2. PERS 404-4, Medical Information Form. In lieu of the PERS 404-4 form an employee may submit a health care provider's statement on the health care provider's letterhead assessing the essential functions and what workplace accommodation(s) may be needed. The PERS 404-4 form or health care provider's statement is required to have been completed by the employee's health care provider within 30 calendar days of the date the employee submits the completed PERS 404, Workplace Accommodation Packet, to the human resources representative or the accommodation coordinator.

If a health care provider's statement is submitted in lieu of the PERS 404-4 form, the health care provider's statement is required to include:

- a. The diagnosis and medical facts associated with the medical condition;
- b. Limitations and restrictions; and
- c. Whether the medical condition and the limitations and restrictions are permanent, long-term, or temporary. If the medical condition is a temporary or long-term condition, the statement should include the extent, duration, or long-term effects of the impairment.

The accommodation coordinator may request additional information as needed from the employee. If sufficient medical information is not provided by the employee, the accommodation coordinator may ask the employee to sign a limited release permitting the accommodation coordinator to contact the employee's health care provider. It is the employee's responsibility to ensure that all forms and additional requested information or documents are furnished.

- C. When an employee sustains a work related injury or illness for which compensation is payable under the *Texas Workers' Compensation Act*, the employee shall not be eligible for a workplace accommodation until the employee's attending health care provider:
 1. Provides the employee with a maximum medical improvement evaluation (MMI) via: (1) a DWC FORM-73, "Texas Workers' Compensation Work Status Report," or (2) a health care provider's statement;
 2. Issues an MMI rating; and
 3. Releases the employee to return to work, with or without restrictions.

Upon submitting a request for an accommodation, the employee shall provide not only the PERS 404, Workplace Accommodation Packet, but also a copy of the MMI evaluation, the impairment rating, and the release to return to work. No determination shall be made regarding the employee's eligibility for the program until these documents have been received and reviewed.

The fact that an employee is awarded workers' compensation benefits by the State Office of Risk Management, has a permanent or long-term medical condition as defined by the *Texas Workers' Compensation Act*, or is assigned an impairment rating by a physician under the workers'

compensation system does not automatically establish that the employee is protected by the *ADA*.

D. Upon receipt of a completed PERS 404, Workplace Accommodation Packet, the human resources representative shall:

1. Fax a copy of the PERS 404 packet to the accommodation coordinator; and
2. Send the original PERS 404 packet by first class mail or truck mail to the accommodation coordinator, Employee Relations.

V. Initial Review of the PERS 404, Workplace Accommodation Packet

Upon receipt of a PERS 404 packet, the accommodation coordinator shall review the PERS 404 packet for completion.

A. If the PERS 404 packet is complete, the accommodation coordinator shall determine:

1. If the PERS 404 packet was submitted by an applicant for employment, whether the applicant is an eligible individual with a permanent or long-term medical condition;
2. If the PERS 404 packet was submitted by a current employee, whether there is a permanent or long-term medical condition impairing a major life activity based on the health care provider's report and statements from the employee;
3. Whether an appropriate workplace accommodation would be for equipment, a modification in the workplace, or a position reassignment for a current employee; and
4. Whether the requested workplace accommodation constitutes an undue or unnecessary hardship to the TDCJ.

B. If the PERS 404 packet is not complete, the accommodation coordinator or designee shall contact the applicant or employee.

VI. Maximum Search Period for a Reasonable Workplace Accommodation

From the date it is determined a final applicant or current employee has a permanent or long-term medical condition and is eligible for an accommodation, the accommodation coordinator shall search for a reasonable workplace accommodation for a period not to exceed 90 calendar days.

- A. If the request is from an employee and the employee is separated from employment within the 90 calendar days, the search for a reasonable workplace accommodation shall cease on the day of separation. The request for a workplace accommodation shall then be administratively closed.
- B. Additionally, if the TDCJ determines that a reasonable workplace accommodation has been offered and refused, the request shall be administratively closed prior to the end of the 90 calendar days. A refusal by a current employee includes, but is not limited to:
 - 1. Declining the opportunity to visit the worksite of a potential job reassignment; or
 - 2. Declining to be reassigned to a position, for which the employee meets the minimum qualifications, at the pay rate indicated by the employee as acceptable.

VII. Equipment, Structural Changes, or Modifications

If the accommodation coordinator determines that the appropriate workplace accommodation is equipment, structural changes, or modifications, the accommodation coordinator shall prepare a decision memorandum (DM) and forward the DM to the appropriate warden, department head, or the CID regional director, if applicable, requesting approval for the proposed accommodation. The DM shall include instructions concerning the ordering of equipment, making arrangements for structural changes, or any other needed modifications. If the proposed accommodation is for a dual supervised employee, the DM shall request approval from administrative and technical supervision.

VIII. Position Reassignments - Current Employees Only

In order to be reassigned to another position, an employee shall meet the minimum qualifications of a vacant posted position and be able to perform the essential functions of the position with or without reasonable accommodation. If the accommodation coordinator determines that a job reassignment is a reasonable workplace accommodation, the search for a job reassignment shall be conducted in accordance with the procedures in this section.

- A. The accommodation coordinator shall contact the employee and request the employee submit a PERS 543, Work History for Workplace Accommodation (Attachment B), or a current completed State of Texas Application for Employment that includes the employee's most recent work history. It is the employee's responsibility to ensure the Summary of Experience is detailed sufficiently to show previous experience, education, and skills. Any supporting documents to be considered for qualification purposes shall be attached, such as a transcript, typing test, certifications, licenses, training, or seminar certificates.

These shall be the only documents used to verify the employee's qualifications, job experience, skills, and education.

1. The additional requirements of the position listed on the position description shall be compared to the employee's limitations and restrictions as stated on the PERS 404-4, Medical Information Form.
 2. A copy of the PERS 543, Work History for Workplace Accommodation, or the State of Texas Application for Employment may be faxed to the accommodation coordinator for verification of the employee's qualifications.
- B. The accommodation coordinator shall review all existing vacancies for which a request to fill has been approved and:
1. Are within the employee's preferred geographic location(s);
 2. Have a pay group within the range of the employee's current pay group and the lowest salary rate the employee would accept as indicated by the employee on the PERS 404-2, Request for a Workplace Accommodation Due to a Permanent or Long-Term Medical Condition; and
 3. Have the minimum qualifications the employee meets based on a review of the employee's documented education, work experience, skills, abilities, and knowledge. The minimum qualifications are described in the position description.
- C. If applicable, the accommodation coordinator shall schedule a worksite visit for the employee and notify the employee of the date, time, and place for the visit.
- D. If the accommodation coordinator offers a position to the employee and the employee verbally accepts the position, the accommodation coordinator shall prepare and distribute a DM requesting concurrence from the selection reviewer. If the employee will be a dual supervised employee, concurrence from the department head within the technical supervision line shall also be requested.
1. If the selection reviewer and, if applicable, a dual supervised employee's department head, indicate concurrence with the placement on the DM, the accommodation coordinator shall:
 - a. Advise the employee when, where, and to whom to report; and
 - b. Fax a "Letter of Acceptance" to the gaining unit or department human resources representative.

2. If the selection reviewer or, if applicable, a dual supervised employee's department head, indicate nonconcurrence with the placement on the DM, the nonconcurring selection reviewer or department head shall provide the accommodation coordinator with written justification for the nonconcurrence. The reasons shall be job related and applicable to the qualifications and physical or mental requirements of the position.
 - a. If the accommodation coordinator agrees with the justification, the DM and written justification shall be forwarded through the Office of the General Counsel, the employee relations section director, the employee relations manager, and the human resources director for a final determination.
 - b. If the accommodation coordinator disagrees with the justification, the accommodation coordinator shall meet with the employee relations section director and the selection reviewer or department head providing the justification, in an effort to reach an agreement on whether or not an accommodation shall be made.

- E. Upon reporting to the unit or department as instructed by the accommodation coordinator, the employee shall sign and date the "Letter of Acceptance." If the employee signs the letter indicating acceptance of the position, the gaining unit or department shall fax a copy of the signed "Letter of Acceptance" to the accommodation coordinator and forward the original by first class mail or truck mail.

The gaining human resources representative shall:

1. If the position was posted prior to the employee accepting the position, submit a "Request to Cancel" e-form to the postings coordinator;
2. Submit a "Request to Fill" e-form to the postings coordinator indicating "ADA Placement" as the method to fill with a job available date on or before the date the letter of acceptance is signed by the employee;
3. After receiving approval from the postings coordinator, enter a Payroll Status Change (PSC) in the TDCJ Payroll/Personnel System (PPS) PSC Update (PSCUPD) screen indicating "ADA Accommodation" with an effective date being the date the letter of acceptance was signed by the employee; and
4. Submit the approved "Request to Fill" e-form to the Payroll Department.

- F. If the employee does not sign the “Letter of Acceptance” indicating acceptance of the position, the gaining unit or department shall immediately contact the accommodation coordinator. The employee shall not be placed in the position, and the request for an accommodation shall be administratively closed.
- G. Once the employee has been accommodated with a job reassignment, the employee shall submit a new request if additional workplace accommodations are needed, such as modifications, adjustments, or equipment. However, the employee shall not be provided another job reassignment unless a new or altered medical condition prevents the employee from being able to perform the essential functions of the current position without another accommodation.

IX. Relief from Duty and Compliance with Leave Policies

An employee may be relieved of duty after informing appropriate staff, such as the employee’s supervisor, human resources representative, or other TDCJ official, that the employee is unable to perform the essential functions of the employee’s position due to a medical condition. The employee shall be required to provide a health care provider’s statement and a PERS 24, Leave Request, in accordance with the TDCJ applicable leave policy. If the employee or the health care provider’s statement indicates the medical condition is permanent or long-term, the employee’s supervisor and human resources representative shall ensure the employee is advised of the availability of the Workplace Accommodation Program.

- A. If the employee requests a workplace accommodation under the Workplace Accommodation Program and the accommodation coordinator determines the employee is eligible to participate in the program, the initial PERS 24, Leave Request, and health care provider’s statement shall be considered valid during the maximum accommodation search period of 90 calendar days.
- B. If the accommodation coordinator is unable to assist the employee or if the maximum accommodation search period of 90 calendar days expires, the accommodation coordinator shall notify the human resources representative that the employee’s request for an accommodation is being closed. The human resources representative shall advise the employee that the employee is required to comply with the TDCJ appropriate leave policy.

X. Confidentiality

Information regarding an individual's permanent, long-term, or temporary medical condition is provided voluntarily by the applicant or employee; however, any request for a reasonable workplace accommodation is subject to verification. Such information is confidential and shall be maintained accordingly.

XI. Fraudulent Information

Intentional submission of fraudulent information may be grounds to discontinue the accommodation process.

- A. An outside applicant who submits fraudulent information shall be disqualified from employment consideration in accordance with PD-71, "Selection System Procedures."
- B. A current employee who submits fraudulent information may be subject to disciplinary action in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees."

XII. Use of Parking Spaces Designated for a Handicapped Individual

An employee is not required to request a workplace accommodation under the procedures set forth in this directive in order to use a parking space designated for a handicapped individual. However, the vehicle is required to be equipped with a handicapped or disabled veteran's license plate, or a removable windshield identification card as issued by the county vehicle tax office. The license plate or identification card shall have been issued for the employee, not a family member.

- A. An employee who requires the use of such a designated parking space at the employee's assigned duty station on property owned or leased by the TDCJ shall provide verification of this requirement to the employee's human resources representative. The verification shall include a copy of the employee's driver license and one of the following:
 - 1. The removable windshield identification card with the employee's driver license number on the back of the card; or
 - 2. If the employee has a permanent license plate indicating this requirement, documentation issued by the employee's county vehicle tax office identifying the tag or license plate number of the vehicle for which it was issued and the person to whom the plate was issued.

The human resources representative shall ensure the number listed on the card is the driver license number of the employee or the employee is the person identified on the documentation issued by the county vehicle tax office.

- B. To use a parking space designated for handicapped persons without a permit is a Class C misdemeanor under state law. If it is determined that an employee is parking in such a designated space without prior verification of the employee's need to use such a parking space, the human resources representative shall notify the employee to provide the necessary documents or move the vehicle. If the

violation recurs, the employee shall be subject to disciplinary action in accordance with PD-22, “General Rules of Conduct and Disciplinary Action Guidelines for Employees.”

Brad Livingston
Executive Director

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Workplace Accommodation Packet

CONTENTS

PERS 404-1 Applicant or Employee Letter

**PERS 404-2 Request for a Workplace Accommodation Due to a
Permanent or Long-Term Medical Condition**

PERS 404-4 Medical Information Form



Texas Department of Criminal Justice

Brad Livingston
Executive Director

Dear Applicant or Employee:

The purpose of this packet is to assist you in applying for a workplace accommodation based upon your permanent or long-term medical condition. A workplace accommodation is any reasonable modification or adjustment that enables you to perform your essential job functions or participate in the application process. A workplace accommodation may take the form of restructuring the job, providing specialized equipment, making the workplace accessible, or providing additional time to take employee entrance examinations. In addition, if you are a current TDCJ employee, a workplace accommodation may include a reassignment to a vacant position for which you meet the minimum qualifications and are physically and mentally capable of performing. You are required to have a permanent or long-term medical condition and be able to perform the essential functions of your position with or without an accommodation to be eligible for a workplace accommodation. If you or your health care provider identifies a permanent or long-term medical condition limiting your ability to perform one or more of the essential functions of your job, the TDCJ shall attempt to reasonably accommodate you.

All positions have job related qualification standards consistent with business necessity. If it is determined you are currently unable to perform the essential functions of your job, you may be relieved of duty while a workplace accommodation is being sought.

If it is determined you have a permanent or long-term medical condition, Employee Relations, Human Resources Division, shall search for a reasonable workplace accommodation for a period of up to 90 calendar days. The 90 calendar days begin the day Employee Relations determines you have a permanent or long-term medical condition that makes you eligible for the Workplace Accommodation Program. If you are a current TDCJ employee and you are separated from employment within the 90 calendar days, such as exhaustion of all leave entitlements, the search for a reasonable workplace accommodation shall cease on the day of separation. The request shall then be administratively closed with no further action. Additionally, if a reasonable workplace accommodation is offered and refused, the request shall be administratively closed prior to the end of the 90 calendar days. If you are a current employee, refusal of an accommodation includes, but is not limited to: (a) declining the opportunity to visit the worksite of a potential job reassignment; or (b) declining to be reassigned to a position, for which you meet the minimum qualification, at the pay rate you indicated acceptable in this packet.

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

2 Financial Plaza, Suite #600
Huntsville, Texas 77340-3558
(936) 437-3103
www.tdcj.texas.gov

The accommodation process shall not be initiated until all forms contained in the Workplace Accommodation Packet are completed and received by Employee Relations, Human Resources Division.

1. PERS 404-2, Request for a Reasonable Workplace Accommodation due to a Permanent or Long-Term Medical Condition.
2. PERS 404-4, Medical Information Form: In lieu of the PERS 404-4 form, you may submit a health care provider's statement on the health care provider's letterhead assessing the essential functions and what workplace accommodation(s) may be needed. The PERS 404-4 form or health care provider's statement shall be completed by your health care provider within 30 calendar days of the date you submit the completed packet to your human resources representative or the accommodation coordinator.

If a health care provider's statement is submitted in lieu of the PERS 404-4 form, the statement shall include: (a) the diagnosis and medical facts associated with the medical condition; (b) all limitations and restrictions; (c) whether the medical condition and the limitations and restrictions are permanent, long-term, or temporary; and (d) the extent, duration, or long-term effects of the impairment.

Submitting a request for an accommodation does not prohibit you from applying for other positions. All employees who can perform the essential functions are encouraged to apply for positions of higher pay for which they are qualified, with or without a reasonable accommodation.

If you have any questions, you may contact the accommodation coordinator in Employee Relations at (936) 437-3103. When you have completed the above items, you may fax the packet to the accommodation coordinator at (936) 437-4010 or submit the packet to your human resources representative. If you fax the packet to the accommodation coordinator, you are also required to send the original packet via first class mail or truck mail to the accommodation coordinator at the address listed below.

Human Resources Division
Employee Relations
2 Financial Plaza, Suite #600
Huntsville, Texas 77340-3558

Sincerely,

Section Director
Employee Relations

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

2 Financial Plaza, Suite #600
Huntsville, Texas 77340-3558
(936) 437-3103
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Texas Department of Criminal Justice
Request for a Workplace Accommodation
Due to a Permanent or Long-Term Medical Condition

FOR AGENCY USE ONLY
Intake Number

To be completed by applicant or current employee:

Print Name: _____ Social Security Number: _____

Job Title: _____ Group or Monthly Salary Rate: _____

Unit/Dept.: _____

1. Describe the essential functions of the position applied for or your current job that you are unable to perform without special workplace accommodations:

2. Describe the physical or mental limitations(s) preventing you from performing these essential function(s):

3. Describe the workplace accommodation(s) you are requesting:

Personal Number: _____ (Area Code) Alternate or Cell Number: _____ (Area Code)

Mailing Address: _____
Street City State Zip Code

Email Address: _____

Signature: _____ Date: _____
(mm/dd/yyyy)

To be completed by current employee only: The following information is required in case it is determined that a job reassignment may be a reasonable workplace accommodation.

1. State your geographic preferences, indicating all units or areas where you are willing to work or relocate:

Lowest Acceptable Dollar Amount (Salary) per month: _____

2. Positions resulting in a promotion shall not be considered. During a maximum search period of 90 calendar days, a search for position reassignment will be conducted. The search will include a range between your current salary group and your lowest acceptable dollar amount. You must meet the minimum qualifications for any identified position. You may change the lowest acceptable dollar amount during the 90 calendar day period. If you accept a position at a lower salary group, you shall be reduced to the minimum rate of the designated salary group. Please indicate the **lowest** dollar amount per month that you are willing to accept. No offer shall be extended for a position below the dollar amount indicated. Once you have accepted or rejected a reasonable job offer, the search for a reasonable job reassignment is discontinued.

If the accommodation coordinator is unable to assist you or if the maximum accommodation search period of 90 calendar days expires, the accommodation coordinator shall notify the human resources representative that your request for an accommodation is being closed. The human resources representative shall advise you that you are required to comply with the TDCJ appropriate leave policy.

Note to Applicant or Employee: With few exceptions you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023 to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request in accordance with TDCJ procedures that incorrect information the TDCJ has collected about you be corrected.

Texas Department of Criminal Justice
Human Resources Division
2 Financial Plaza, Suite #600
Huntsville, Texas 77340-3558

**Texas Department of Criminal Justice
Medical Information Form**

Please return this information to the accommodation coordinator via fax at (936) 437-4010 or mail to TDCJ, Employee Relations, 2 Financial Plaza, Suite #600, Huntsville, Texas 77340-3558.

Your Patient _____ SSN: _____ has applied for a workplace accommodation under the Texas Department of Criminal Justice's PD-14, "Americans with Disabilities Act and Employment of Persons with a Permanent or Long-Term Medical Condition." Attached is a copy of the job description, containing the Additional Requirements, such as physical or mental characteristics. Please provide the following requested information regarding those essential functions and characteristics based on your medical or psychological evaluation.

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 this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (75 Fed. Reg. 68934).

Diagnosis: _____

Date patient first diagnosed: _____ Date you first treated the patient for this condition: _____

Limitations and Restrictions: _____

Are these limitations and restrictions permanent or temporary? _____

Is this condition permanent, long-term, or temporary? _____

If the condition or restriction is temporary or long-term, please state the extent, duration, or long-term effects of the medical condition:

Date (mm/dd/yyyy)

() _____
Telephone Number

() _____
Fax Number

Health Care Provider Signature

Health Care Provider Printed Name

Street Address

City State Zip Code

Texas Department of Criminal Justice Work History for Workplace Accommodation

NAME _____ Social Security No. _____ - _____ - _____
(Last) (First) (Middle)

Are you willing to work hours other than 8 a.m. - 5 p.m.? Yes No

Are you willing to work on Saturdays? Yes No

Are you willing to work on Sundays? Yes No

Are you willing to travel? Yes No

If yes, what percent of time? _____

Driver License (if required for this position) _____
(State) (Number)

Class A Class B Class C Class M
 Class A Commercial Class B Commercial
 Class C Commercial Class M Commercial

If applicable, provide transcript for college or university education claimed.

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

Date Received _____ Time Received _____ Received by _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by or location of issuing authority (State or other authority) (City & State)	License No.

Special Training, Skills, or Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software, and hardware. Attach additional page, if necessary.

Approximately how many words per minute do you type? _____

Position Title:						Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:						Title:		Part-Time	<input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:						AC ()		Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC ()						If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	Non-Managerial <input type="checkbox"/>		
							Supervisory/Managerial <input type="checkbox"/>		

Summary of experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:		Full-Time	<input type="checkbox"/>
Employer:						Title:		Part-Time	<input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer	<input type="checkbox"/>
City & State/ZIP:						AC ()		Temp/Project	<input type="checkbox"/>
Employer's Telephone No.: AC ()						If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.	\$	Non-Managerial <input type="checkbox"/>		
							Supervisory/Managerial <input type="checkbox"/>		

Summary of experience:

Specific reason for leaving: