

## INSTRUCTIONS

### How to Complete the Request for Review (Campus Accommodation and/or Medical Separation) Form

#### **PURPOSE:**

The Request for Review (Campus Accommodation and/or Medical Separation) form is used when the department has exhausted efforts to reasonably accommodate an employee's work restrictions in their current position or in another position within the department.

The department should first exhaust all efforts to reasonably accommodate the employee's work restriction(s). If these efforts are unsuccessful, the department should submit a Request for Review to the Campus Leave Manage Committee. The committee will determine if the employee's restrictions can be reasonably accommodated in another position on campus, or if a 90-day transfer search is required or if medical separation is appropriate.

These instructions will assist you in completing the *Request for Review (Campus Accommodation and/or Medical Separation)* form.

#### **GETTING STARTED:**

Before the department can complete the review form, the following information relative to the employee's current work restrictions should be gathered:

- All relevant correspondence to and from the employee
- All correspondence to and from the employee's Health Care Provider
- Dates of Absence
- All leave dates
- Medical documentation (if any)
- Activity Tracking Log for the Interactive Process and Reasonable Accommodation (if used)

#### **INSTRUCTIONS/HOW TO COMPLETE THE FORM:**

Type or print the information requested in the first row of boxes:

- Employee's name
- Employee's Job Title
- Employee's Title Code
- Employee's Department name

#### **Sample Entry:**

Employee Name: DAVID DOVER	Job Title: _ ASST 3	Title Code: 4722	Department: SCHOOL OF PUBLIC HEALTH
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#### **STEP 1 – Protected Leave**

Protected leaves, also referred to as Family Medical Leave (FML), consist of the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) and Pregnancy Disability Leave (PDL). Click on the links to find out more about these protected leaves: <http://hrweb.berkeley.edu/er/leaves/fmla/your-rights> or FMLA/CFRA Guidelines: <http://hrweb.berkeley.edu/er/leaves/fmla/guidelines-forms-samples> and (PDL) <http://hrweb.berkeley.edu/er/leaves/pregnancy>

#### **NOTE:**

*FMLA/CFRA – the employee is not eligible if the employee does not have one year of service (it does not have to be consecutive) and 1250 hours actually worked in the 12 months preceding the need for leave.*

*PDL – does not have eligibility requirements, other than being pregnant; therefore, all pregnant employees are eligible.*

**Following is a scenario and a sample entry:**

- The employee has a serious medical condition and cannot perform one or more of their essential job functions. The employee meets the eligibility requirements for FMLA/CFRA (1 year of service and 1250 actual hours worked in the past 12 months). The employee has been out on FML from 2/1/12 – 4/30/2012.

**Sample Entry:**

<b>Step 1</b>	Is protected leave in the current calendar year exhausted? (FMLA, CFRA, PDL) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not eligible (if not eligible, continue to Step 2)
	If no, do not proceed with this form. Consult your HR representative. If yes, provide the following, then continue to Step 2.  Start date (FMLA/CFRA): 2/11/12                      Start date (PDL): _____ End date (FMLA/CFRA): 4/30/12                      End date (PDL): _____

**STEP 2 – Supplemental Family and Medical Leave (For Personnel Polices for Staff Members (PPSM) employees only)**

Supplemental Family and Medical Leave is an entitlement for PPSM employee’s whose need for a family and medical leave that is in progress continues beyond 12 work weeks. In this case a regular status employee shall be entitled to supplemental leave for up to 12 work weeks or until the end of the leave year, whichever is less.

To learn more about Supplemental Family and Medical Leave visit:

<http://hrweb.berkeley.edu/er/leaves/supplemental>

**Following is scenario 2A with a sample entry:**

- The employee is represented by a collective bargaining agreement and not eligible for Supplemental Leave.

**Sample Entry:**

<b>Step 2</b>	Is supplemental leave in the current calendar year exhausted? (PPSM only) <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not eligible (if not eligible, continue to Step 3)
	If no, do not proceed with this form. Consult your HR representative. If yes, provide the following, then continue to Step 3.  Supplemental leave start date: Supplemental leave end date:

**Following is scenario 2B and a sample entry:**

- PPSM employee has a serious health condition and cannot perform the essential job functions. The employee is out on a medical leave for 12 work weeks from 2/1/11 – 4/30/11. The health care provider submits additional medical documentation that the employee’s serious health condition continues and the employee will need to be off work through 7/24/11. The employee is placed on Supplemental Leave from 5/1/11 – 7/24/11.

**Sample Entry:**

Is supplemental leave in the current calendar year exhausted? (PPSM only) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not eligible (if not eligible, continue to Step 3)
If no, do not proceed with this form. Consult your HR representative. If yes, provide the following, then continue to Step 3.  Supplemental leave start date: 5/1/11 Supplemental leave end date: 7/24/11

**STEP 3 – Workers’ Compensation**

Workers’ Compensation is a state-mandated insurance plan designed to provide benefits and assistance to employees who are injured as a result of their employment or who develop a work-related illness. Disability Management Services coordinates this benefit for the campus.

<http://uhs.berkeley.edu/facstaff/dms/workcomp.shtml>

**NOTE:** Workers’ Compensation cases submitted for medical review must be discussed with Disability Management Services (DMS). Click on the link for your DMS contact information:

<http://uhs.berkeley.edu/facstaff/dms/contact.shtml>

**Following is scenario 3 with a sample entry:**

- There are no pending worker’s compensation claims.

**Sample Entry:**

Step 3	Does this employee have an open Workers’ Compensation case? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	If no, continue to Step 4. If yes, do not proceed with this form. Contact your DMS.

**STEP 4 – Current Work Restrictions and Duration**

Work restrictions and duration of those restrictions are provided by the employee’s health care provider. Once received, review the documents from the health care provider and enter the most recent work restrictions and the duration of those restrictions in the box. Attach the documentation to the form.

**Following is scenario 4 with a sample entry:**

- The employee provides you with a letter from their health care provider with restrictions that prevent the employee from performing the essential functions of the job for three months (6/11/11 – 9/1/11). You receive a second health care provider letter extending the duration of the restrictions for six more months (9/1/11 - 3/1/12). Attach copies of both health care provider letter to the review form and file the letters in the employee’s medical file.

**Sample Entry:**

Step 4	What are the employee’s current work restrictions and duration? Attach supporting documentation.
	Cannot lift or carry greater than 25 lbs. 6/11/11 – 9/1/11. Cannot lift or carry greater than 25 lbs. 9/1/11 – 3/1/12.
	The documentation is attached.

## STEP 5 - Essential Job Functions

The essential functions of a position should already be noted on the job description. If they are not, consider the following:

- The fundamental job duties of the position.
- The position exists to perform this function.
- There would be serious consequence if this function was not performed.

To learn more about Essential Job Functions visit: <http://hrweb.berkeley.edu/glossary/1998>

Following is scenario 5 with a sample entry:

### Sample Entry:

Step 5	Specify the essential job duties that the employee is <b>unable to perform</b> . Attach current job description (with all essential functions annotated) and PEM form.
	<p>The essential job duties include:</p> <ul style="list-style-type: none"><li>• Walking</li><li>• Lifting 45 lbs</li><li>• Analyzing data</li><li>• Attention to detail</li></ul>

## STEP 6 – Interactive Process

The interactive process is a good faith on-going communication process between the supervisor (or appropriate designee) and employee to identify potential reasonable accommodation(s) for work restrictions that will allow the employee to perform the essential functions of the job. Disability laws require that employers and employees engage in the Interactive Process. To learn more about the IP and department obligations, visit: <http://hrweb.berkeley.edu/er/policies/ppsm/implementing/accommodation>

Following is scenario 6 with a sample entry:

- On 1/5/11, the supervisor met with the employee to discuss work restrictions and possible accommodations that would allow the employee to return to work. The supervisor spoke with the employee again on 1/15/11 regarding possible accommodations.

### Sample Entry:

Step 6	In the past 60 days, has the supervisor (or appropriate designee) engaged in the Interactive Process with the employee to discuss reasonable accommodation? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	If no, do not proceed with this form. Initiate the Interactive Process and consult with your HR representative. If yes, provide date(s) of Interactive Process meetings and/or discussions:  Date(s): 1/5/11 & 1/15/11

## STEP 7 – Describe all Reasonable Accommodations

A reasonable accommodation is a modification or an adjustment to a job or the work environment that will enable the employee or qualified applicant with a disability to perform the essential job functions. Accommodations can include physical alterations to the work environment, shift changes, leave of absence, and many others.

In this step, it is important that you document all accommodations offered, provided, considered, and those requested by the employee but not provided. Provide a narrative with details and dates and outcomes where appropriate.

To learn more about Reasonable Accommodations visit:

<http://hrweb.berkeley.er/policies/ppsm/implementing/accomodation> and <http://.berkeley.edu/guides/managing-hr/wellness/disability/vocational-rehab>

**Following is scenario 7 with a sample entry:**

**Sample Entry:**

Step 7	<p>Please describe all accommodations (including leaves of absence) provided, discussed, and/or considered. <b>For each item, explain the reason for inability to accommodate.</b></p>
	<p>Leaves of absence (provide dates): The employee was granted leaves to accommodate medical restrictions from March 1, 2011 through September 30, 2011 and again from October 1, 2011 to date.</p>
	<p>Accommodations provided (list details, duration and outcome): The department provided the employee with a keyboard tray and document holder as suggested by the employee and the health care provider. After a period of one week, even with the new assistive devices the employee was unable to perform the essential job functions of the job and the health care provided added work restrictions that would not enable the employee to return to work for 18 months.</p>
	<p>Accommodations suggested by employee, but determined unreasonable by department (provide details and reasoning):  The employee requested a new work location in a building that produced more light and less noise. The department is unable to provide this as there are no other work locations that meet the criteria requested.</p>
	<p>Accommodations offered by department, but not accepted by employee (provide details and reasoning): The department offered to move the employee’s desk to the SW corner of the office and to keep the windows closed to reduce the noise. The window could be controlled by the employee. However, the employee was unhappy with this accommodation and refused to move to the offered location.</p>

**STEP 8 – Employee Notification**

Employees must be notified, in writing, prior to requesting the review of campus accommodation or medical separation.

**STEP 9 – Summarize the Reasons**

Briefly summarize (be specific) the reasons why the department is requesting this review.

**Following is scenario 9 with a sample entry:**

**Sample Entry:**

Step 9	<p>Briefly summarize the reasons why the department is requesting campus accommodation and/or medical separation.</p>
	<p>The employee is unable to perform duties of any kind. The health care provider has restricted the employee from work for 18 additional months and the department can no longer accommodate further leaves. The employee states that she will not be able to return to work at all... etc.</p>

**FINAL STEP – Signatures**

The final step in this process is to have the form signed by the appropriate parties. The Department Management Representative dates and signs the form certifying the information is true and accurate, before submitting it to the appropriate Department HR Representative.

Submitted by Department Management Representative:		
Name (print):	<i>I hereby certify that the above information is true and accurate.</i> Signature:	Date:

**NEXT:**

The appropriate Department Representative (DHRM, or HR Representative) reviews and signs the form before submitting to the Campus Leave Management Committee via fax or mail.

Reviewed by Appropriate Department HR Representative:		
Name (print):	Signature:	Date:

**Submit signed form and supporting documentation to the  
Campus Leave Management Committee by fax or mail:**

**Fax: Human Resources (642-2888)**  
**Mail: Human Resources**  
**2199 Addison Street, Suite 192**  
**Berkeley, CA 94720**

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**For Committee Use Only**

Reviewed by Employee Relations:		
Name (print):	Signature:	Date:

Reviewed by Disability Management Services:		
Name (print):	Signature:	Date: