
GST MICHIGAN WORKS! POLICY 15-23 Change 2

- TO:** GST Michigan Works! One-Stop Partners, Service Providers, Employer-Based Training Employers, Participants, Other Interested Parties, and Employees
- FROM:** Jody Kerbyson, CEO
- SUBJECT:** Compliance with Equal Opportunity Program Reasonable Accommodations Procedures and Policies
- EFFECTIVE:** February 1, 2024
- PROGRAMS:** These Reasonable Accommodations Procedures apply to all programs that are administered by GST Michigan Works! Agency (MWA), and that are operated by the MWA's subrecipient network.
- REFERENCES:**
- GST Michigan Works! Nondiscrimination & Equal Opportunity Policy Guide
 - American With Disabilities Act (ADA) of 1990, Public Law 101-336.
 - Americans with Disabilities Act Amendments Act (ADAAA) of 2008
 - Michigan Persons with Disabilities Civil Rights Act of 1976, Public Act 220.
 - Section 504 of the Rehabilitation Act of 1973.
 - 29 CFR Part 32, Implementation of Section 504 with respect to programs and activities receiving or benefiting from federal financial assistance.
 - 29 CFR Part 38, Workforce Innovation and Opportunity Act (WIOA) Section 188 and other sections relevant to Equal Opportunity Program Accessibility.
 - Regulations implementing workforce programs.
- RESCISSIONS:** PI 15-23 change 1
- PURPOSE:** To outline provisions that prohibit exclusions and protect qualified individuals with disabilities from discrimination in services and program activities, and in access to facilities and employment opportunities.
- POLICY:** GST Michigan Works! and its subrecipient network are committed to providing equal access to workforce development services and training opportunities, and to facilities and employment opportunities. It is the policy of the MWA and its subrecipient network to provide reasonable accommodations to ensure that qualified individuals with disabilities have equally effective opportunities to participate in, and to enjoy the benefits of the programs, services, activities, facilities, and employment opportunities that are provided through the local workforce system.

I. SCOPE OF REASONABLE ACCOMMODATION COVERAGE

The MWA and its subrecipient network will make reasonable accommodations to the known physical or mental limitations of eligible and otherwise qualified individuals with disabilities, unless it can be shown that the accommodation would impose an undue hardship.

Further the MWA and its subrecipient network will make reasonable modifications to policies, practices, or procedures where necessary to avoid discrimination on the basis of disability, unless such modifications would fundamentally alter the nature of the program, activity, or service.

A. Reasonable Accommodation Provisions for Applicants and Participants/Registrants

The scope of reasonable accommodation coverage for applicants and participants/registrants includes provisions for:

1. Modifying local procedures, as necessary, to ensure that an accommodation request can be made;
2. Restructuring job or training programs;
3. Developing modified work or training schedules;
4. Altering assessment/testing techniques which prevent the fair evaluation of skills;
5. Providing auxiliary aids and services;
6. Acquiring or modifying equipment or devices; and
7. Making necessary alterations to the work or training site to ensure that facilities are accessible to individuals with disabilities.

B. Reasonable Accommodation Provisions for Employees/Applicants for Employment

The scope of reasonable accommodation coverage for employees/applicants for employment includes provisions for:

1. Modifying local procedures as necessary, to ensure that accommodation requests can be made;
2. Modifying the job application process;
3. Restructuring job or employment-related training programs;
4. Developing modified work schedules;
5. Altering assessment/testing techniques which prevent the fair evaluation of skills;
6. Providing auxiliary aids and services;
7. Acquiring or modifying equipment or devices;
8. Making necessary alterations to the work site to ensure that facilities are accessible to individuals with disabilities; and
9. Implementing changes that enable an employee with a disability to enjoy equal benefits and privileges of employment.

C. Reasonable Accommodation Provisions for the General Public

The scope of reasonable accommodation coverage for the general public includes provisions for:

1. Modifying agency practices, as necessary, to ensure that an accommodations request can be made;
2. Providing auxiliary aids and services;
3. Acquiring or modifying equipment or devices;
4. Providing notification of the process individuals with disabilities are to follow to request accommodations needed to access the services and activities of, or employment with, or to enjoy the benefits provided by, the MWA and its service provider network to members of the general public who are not persons with disabilities.

II. REASONABLE ACCOMMODATION PROCEDURES

A. Procedures for Requesting an Accommodation

An individual with a disability is responsible for requesting accommodation. Each accommodation request will be evaluated on a case-by-case basis, taking into consideration the requestor's abilities and limitations due to disability and the essential functions associated with the activity, training, program, service, facility, or employment opportunity the person is seeking to access.

Individuals, including applicants/ participants/ registrants, employees/ applicants for employment, and the general public, who request reasonable accommodation must:

1. Identify himself/ herself as a person with a disability who is in need of accommodation;
2. Complete the appropriate GST Reasonable Accommodation Request Form, which is attached to this document, or make a verbal request, within 182 calendar days after the employee or individual knew or reasonably should have known that an accommodation was needed;
3. Submit the completed form or verbally make his/ her request to the designated MWA representative or MWA Equal Opportunity Officer.
4. Provide (or help to obtain) applicable medical documentation and clarifying information for review and processing, if the MWA, its subrecipient, or another applicable entity requests it. (**NOTE:** Failure to provide medical documentation, when requested, could result in the denial of reasonable accommodation.)
5. Participate in assessing accommodation options.

B. Confidentiality of Medical Disclosures/Records

Disability disclosures and all information concerning the presence or nature of a disability and/or the medical condition or history of applicants, participants, registrants, employees, applicants for employment, or members of the general public, including information voluntarily disclosed, will be treated as confidential medical information. Steps will be taken to guarantee the security of medical records and to ensure that such information is not included in an employee's personnel file or a participant's/applicant's file.

All information regarding the presence or nature of a disability will be treated as a confidential medical record and will be maintained in a secure manner with access restricted to personnel involved in administering the accommodations process and individuals authorized by the ADA/ADAAA to have a legitimate reason to access such information. On an as needed basis, disability information may be shared with workforce development professionals and community partners who work together in a cooperative effort to provide accommodations to customers with documented disabilities.

C. Review/Approval Process

After he/she receives a written or verbal Reasonable Accommodations Request, the MWA's EOM may take the following actions, as appropriate (NOTE: Requests shall be forwarded to the MWA's EOM within one business day):

1. If it is a verbal request, record the request on the MWA's Reasonable Accommodations Request Form, if the EO believes written record of the request is appropriate;
2. Review the request for clarity and completeness and verify that the individual who has requested an accommodation has a qualifying disability (See Section II: D):
3. Verify **a.)** the essential functions of the relevant job or the service/activity requested, or **b.)** the facility or the area of the facility into which access is sought;
4. Review the information provided and consult with the requestor in an interactive process to **a.)** discuss specific physical or mental abilities and limitations, **b.)** clarify issues related to the request, **c.)** identify possible accommodations, and **d.)** assess their potential effectiveness;
5. If applicable, per Section II: D, request from the individual's health care provider any additional and appropriate/relevant medical documentation that describes the nature and extent of the disability;
6. Consult, as necessary, with workforce partners and/ or external sources about the feasibility of accommodation strategies and explore the extent to which the accommodation can be provided through a coordinated service approach or shared resources;
7. If appropriate, provide the requestor a final verbal response, unless the request is denied or altered, in which case the decision must be in writing;
8. If appropriate, provide the requestor a final, written response, which will be conveyed in a formal letter;

9. If the request is approved (and if the EO determines a written response is appropriate), describe, in writing, the recommended accommodation, the rationale for the accommodation, the anticipated date the accommodation will be provided, and obtain the signature of the MWA or subrecipient's highest level official;
10. If a request is recommended for denial or alteration, follow the guidelines in Section III of this document;
11. Complete the MWA's Confirmation and Review of Reasonable Accommodation Request Form, which is attached.

D. Determining if the Individual Requesting the Accommodation has a Disability; Requests for Medical Information

GST is entitled to know that an employee or applicant has a covered disability that requires a reasonable accommodation. If the individual **has an obvious disability or previously documented medical condition that qualifies him/her as an individual with a disability** and the accommodation request is related to the known disability, the accommodation request shall be considered immediately without the need for further medical documentation.

If the individual does not have an obvious disability or previously documented medical condition that qualifies him/her as an individual with a disability, he/she may be required to provide sufficient and reasonable documentation of his/her medical condition to the subrecipient/MWA representative or EO who will determine, in consultation with the requestor's healthcare provider, as necessary, whether the requestor is an individual with a disability. Supplemental medical information will be requested if the information submitted does not clearly explain the nature of the disability, or need for reasonable accommodation, or does not otherwise clarify how the requested accommodation will assist the employee to perform the essential functions of the job or enjoy benefits and privileges of the workplace. In the case of an applicant, relevant supplemental medical information may be requested to determine the nature of the disability or how the accommodation will assist with the application process.

The subrecipient or MWA representative, or EO will seek information or documentation about the disability and the functional limitations from the individual, and/or ask the individual to obtain such information from an appropriate professional. Not all information needs to be medical, as the appropriate information may be received from a social worker or rehabilitation counselor. The documentation received must be sufficient to determine if the requestor is an individual with a disability. Additional documentation may be requested to make this determination, if necessary. In order for appropriate and useful information to be obtained, all requests should describe the nature of the individual's job, the essential functions and any other relevant information.

If the information provided by the health professional (or the information volunteered by the individual requesting the accommodation) is insufficient to enable the subrecipient or MWA representative, or EO to determine if the requestor has a disability, the decision maker may ask for further information. First, however, s/he will explain to the individual seeking the accommodation, in specific terms, why the information that has been provided is insufficient, what additional information is needed, and why it is necessary for a determination of the reasonable accommodation request.

The individual may then ask the health care or other appropriate professional to provide the missing information. Alternatively, the subrecipient or MWA representative and the individual requesting the accommodation may agree that the individual will sign a limited release which will permit the subrecipient or MWA representative to submit a list of specific questions to the individual's health care professional or may otherwise contact the individual's doctor.

The failure to provide appropriate documentation or to cooperate in the subrecipient's or MWA's efforts to obtain such documentation can result in a denial of the reasonable accommodation.

E. Scope of Approval

Where there is more than one accommodation that would allow the individual with a disability to participate in services or activities, to access a facility, or to seek employment, the MWA and its subrecipient network will consider the preference of the individual with a disability in selecting the accommodation. The MWA and its sub-recipient network are not required to provide the specific accommodation requested and may choose an equally effective accommodation that is less expensive or easier to implement.

F. Timeframe for Response

Every effort will be made to respond to an accommodation request in a timely manner. Generally, an agency's decision should be issued within fifteen (15) working days. If the 15-day limit cannot be met, the EO will contact the requestor to provide a status update and establish a specific date by which notification of the agency's determination can be expected.

III. UNDUE HARDSHIP/ADMINISTRATIVE AGENCY REVIEW

In cases where an accommodations request involves significant cost/impact issues, or the information provided results in a recommendation that the request be denied for undue hardship or fundamental alteration, the MWA's Chief Executive Officer (CEO), in consultation with the, EO will review the case file and issue an MWA determination in response to the request. Requests cannot be denied without a review by the MWA's CEO or his/ her designee.

Factors that are considered when determining whether an accommodation would constitute an undue hardship include:

- Type of accommodation requested;
- The nature and net cost of the accommodation, taking into consideration the availability of tax credits, deductions and/ or outside funding for the accommodation;
- The overall size of the employer or agency's programs, including the number of employees or participants, the number and type of facilities, and the size of the budget;
- The overall financial resources of the employer or program as a whole and the individual facility or facilities that would be involved in the provision of the accommodation; and

- The effect that providing the accommodation would have on the employer or program or the facility's ability to serve other customers and carry out its mission.

Other factors that may have a bearing on whether an accommodation would create an undue hardship may be reviewed on a case-by-case basis. Any decision not to provide an accommodation because of undue hardship will be communicated in a written determination, signed by the MWA's CEO or his / her designee and provided to the individual who requested the accommodation. All such determinations will **a.)** provide a rationale, and **b.)** identify any available alternative accommodations that could be provided, and that would not impose an undue burden or fundamentally alter the nature of the employer or the MWA's programs and services.


IV. OVERSIGHT / ENFORCEMENT

Individuals who **a.)** experience problems in receiving a response to a request for reasonable accommodation; **b.)** disagree with the action(s) taken by an employer or a subrecipient agency; or **c.)** think they may have been subjected to discrimination on the basis of disability should promptly notify:

Kelly Cook, E.O. Officer
 GST Michigan Works!
 3270 Wilson St.
 Marlette, MI 48453
 (P) 989-635-3561 x 223
 (F) 989-635-2230
 Michigan Relay Center: Dial 711
kcook@gstmiworks.org

Supported by the State of Michigan. GSTMW Materials and programs paid for with State and Federal Funds. Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. 1-800-285-9675 TTY: 711 A proud partner of the American Job Center Network.

GST Michigan Works! has an established complaint procedure for addressing issues related to equal opportunity/ equal access within the workforce system that cover disputes related to the provision of reasonable accommodations. Copies of complaint procedures are available at GST Michigan Works! locations, or can be obtained by contacting the Equal Opportunity Officer.

SIGNED: 
 Jody L. Kerbyson, C.E.O.
 GST Michigan Works!

2-1-2024
 Date

NOTICE

Notice is hereby given to program applicants/participants/registrants, employees/applicants for employment, and the general public that all programs that are administered by the GST Michigan Works! Agency (MWA), and that are operated by the MWA's subrecipient network comply with the following:

- It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, genetics, familial status, veteran status, height, weight, arrest without conviction, political affiliation or belief, or any other characteristic or activity protected by Federal or State laws and regulations, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I- financially assisted program or activity.
- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin:
- The American with Disabilities Act (ADA) of 1990 - Public Law 101-336;
- The Americans with Disabilities Act Amendments Act (ADAAA) of 2008
- The Michigan Persons with Disabilities Civil Rights Act of 1976-Public Act 220;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age
- 29 CFR Part 38, Implementation of the Non-Discrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act (WIOA)

A copy of the GST Michigan Works! Agency and its subrecipient network's Reasonable Accommodations Procedures and Policy may be obtained by contacting:

Kelly Cook, E.O. Officer
GST Michigan Works!
3270 Wilson St.
Marlette, MI 48453
(P) 989- 635-3561 x 223
(F) 989- 635-2230
Michigan Relay Center: Dial 711
kcook@gstmiworks.org

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**GST MICHIGAN WORKS!
REASONABLE ACCOMMODATION REQUEST FORM
FOR
PARTICIPANTS IN WORKFORCE DEVELOPMENT RELATED PROGRAMS, SERVICES,
ACTIVITIES, OR TRAINING**

Reference: Title I of the Americans with Disabilities Act of 1990 (ADA): "An individual with a disability is a person who:

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

(Note: Assistance, and/or auxiliary aids and services, as necessary to aid in completing this form are available upon request.)

Date: _____ Name: _____

Address: _____ City: _____, MI Zip Code: _____

Phone Number: _____ E-mail address: _____

Describe services requested/needed from GST Michigan Works! and/or its subrecipient. Examples: job placement, computer access, self-service resources, training, etc.

Describe your disability and the accommodation you are requesting. Be as specific as possible (e.g., adaptive equipment, reader, interpreter). *Attach additional sheets as necessary.

Date Accommodation is Needed: _____ (allow up to 15 business days to process the accommodation request)

If the accommodation is time sensitive, please explain: _____

Is the need for accommodation likely to be temporary or permanent? _____

If temporary, how long do you estimate the need for the accommodation? _____

Describe how your condition limits your ability to perform the essential function(s) necessary for participation in a workforce development program/service/activity/training.

Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is / are most significantly affected? Examples of major life activities are: seeing, hearing, speaking, breathing, walking, performing manual tasks, learning, caring for yourself, or working.

Do you have documentation to support your need for accommodation? _____

NOTE: (We will only request medical documentation in the event we need to review such documentation as it relates to your request.)

CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustment described above.

Signature: _____ Date: _____

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REASONABLE ACCOMMODATION REQUEST FORM GENERAL INFORMATION

1. The Reasonable Accommodation Request Form is to be completed by the individual requesting accommodation (or their representative) and returned to the designated GST Michigan Works! Agency representative for forwarding to the MWA's Equal Opportunity Officer, or the form may be submitted directly to the Equal Opportunity Officer at the address shown below.
2. Complete all information requested. You may attach additional sheets as necessary.
3. Sign and enter the date you submitted the completed form. If you are unable to sign the form, your designated representative may sign on your behalf.
4. **CONFIDENTIALITY:** Information in your request will be treated as a confidential medical record.

5. **REQUESTS FOR ADDITIONAL INFORMATION/MEDICAL DOCUMENTATION:**

Where information provided on this form is not sufficient to make a determination in response to your request, you will be contacted by the Equal Opportunity Officer for clarifying information. In some cases, medical documentation from your health care professional may be requested. It is your responsibility to ensure that such information is provided for review.

NOTE: Failure to provide medical documentation, when requested, could result in the denial of reasonable accommodation.

6. **RESPONSE TIME:**

A response to your request should be given to you within 15 business days of the date your completed accommodation request is received. If the 15 day limit cannot be met, the Equal Opportunity Officer will contact you to provide a status update and establish a specific date by which notification of the Agency's determination can be expected.

7. **ADMINISTRATIVE OFFICE OVERSIGHT/REVIEW**

If a response or a status update is not issued within 15 business days, or you are dissatisfied with the response you may contact:

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GST MICHIGAN WORKS!
REASONABLE ACCOMMODATION REQUEST FORM
FOR
EMPLOYEES/APPLICANTS FOR EMPLOYMENT

Reference: Title I of the Americans with Disabilities Act of 1990 (ADA): "An individual with a disability is a person who:

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

Note: (Assistance, and/or auxiliary aids and services, as necessary to aid in completing this form are available upon request.)

Date: _____ Name: _____

Address: _____ City: _____, MI Zip Code: _____

Phone Number: _____ E-Mail address: _____

Job Title: _____

Describe your disability and the accommodation you are requesting. Be as specific as possible (e.g. adaptive equipment, flexible schedule, modification of specific job duties). Please attach additional sheets as necessary: _____

Date accommodation is needed: _____ (allow up to 15 business days to process the request)

If the accommodation is time sensitive, please explain: _____

Is the need for accommodation likely to be temporary or permanent? _____

If temporary, how long do you estimate the need for the accommodation? _____

Describe how your condition limits your ability to perform the essential function(s):

Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? (Examples of major life activities are seeing, hearing, speaking, breathing, walking, performing manual tasks, learning, caring for yourself, or working):

Do you have documentation to support your need for accommodation? _____

NOTE: (We will only request medical documentation in the event we need to review such documentation as it relates to your request.)

CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustment described above.

Signature: _____ Date: _____

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**REASONABLE ACCOMMODATION REQUEST FORM
GENERAL INFORMATION**

1. The Reasonable Accommodation Request Form is to be completed by the individual requesting accommodation (or their representative) and returned to the designated GST Michigan Works! Agency representative for forwarding to the MWA's Equal Opportunity Officer, or the form may be submitted directly to the Equal Opportunity Officer at the address shown below.

2. Complete all information requested. You may attach additional sheets as necessary.

3. Sign and enter the date you submitted the completed form. If you are unable to sign the form, your designated representative may sign on your behalf.

4. **CONFIDENTIALITY:** Information in your request will be treated as a confidential medical record.

5. **REQUESTS FOR ADDITIONAL INFORMATION/MEDICAL DOCUMENTATION:**
Where information provided on this form is not sufficient to make a determination in response to your request, you will be contacted by the Equal Opportunity Officer for clarifying information. In some cases, medical documentation from your health care professional may be requested. It is your responsibility to ensure that such information is provided for review.
NOTE: Failure to provide medical documentation, when requested, could result in the denial of reasonable accommodation.

6. **RESPONSE TIME:**
A response to your request should be given to you within 15 business days of the date your completed accommodation request is received. If the 15 day limit cannot be met, the Equal Opportunity Officer will contact you to provide a status update and establish a specific date by which notification of the Agency's determination can be expected.

7. **ADMINISTRATIVE OFFICE OVERSIGHT/REVIEW**
If a response or a status update is not issued within 15 business days, or you are dissatisfied with the response you may contact:

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**GST MICHIGAN WORKS!
REASONABLE ACCOMMODATION
REVIEW & DECISION**

Requestor's Name: _____ Date Request Received: _____

Address: _____ City: _____, MI Zip Code: _____

Phone Number: _____ E-mail: _____

Does the individual have a qualifying disability? _____

If so, identify it: _____

Date medical information was requested, if applicable: _____

Date medical information was received, if applicable: _____

Date accommodation request was discussed with the individual, if applicable: _____

Brief description of the reasonable accommodation requested: _____

Can the individual perform the essential functions of the job/ program/ activity when provided a reasonable accommodation? _____ Explain, by giving facts, not opinions: _____

List reasonable accommodation options: _____

Identify any partner agencies, organizations and / or web sites that were contacted to provide services, technical assistance, or resources: _____

All accommodation requests should be processed within 15 working days. Explain any special circumstances that caused a delay in processing this request: _____

Date that the individual was notified of the delay: _____

Request for Reasonable Accommodation Is.....

1. Granted

*** 2. Denied**

*** 3. Altered**

**The MWA CEO or his/her designee must be notified before a request can be denied or fundamentally altered.*

If granted, indicate what accommodation was/will be provided and when. If denied or altered, explain the rationale for this decision: _____

Signature: _____ Date: _____

Title: _____

**If request was denied or altered, the MWA CEO or designee signature is required.*

Signature: _____ Date: _____

Title: _____

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