

LAMPASAS COUNTY PERSONNEL POLICIES

SECTION 1. EMPLOYMENT PRACTICES

1.4 EMPLOYEE SUGGESTIONS FOR REASONABLE ACCOMMODATION

THE EMPLOYEE WAS INTERVIEWED ON _____, _____, FOR THE PURPOSE OF DISCUSSING THE NEED FOR A REASONABLE ACCOMMODATION, WHICH WOULD PERMIT THE EMPLOYEE TO PERFORM THE ESSENTIAL FUNCTION OF HIS/HER OLD JOB OR ANOTHER JOB.

DURING THE INTERVIEW, THE EMPLOYEE WAS NOTIFIED BY THE REPRESENTATIVES OF THE COUNTY OF LAMPASAS THAT THE COUNTY DETERMINED THAT, DUE TO THE WORK RESTRICTIONS (COPY ATTACHED) IMPOSED BY THE ATTENDING PHYSICIAN, THE EMPLOYEE CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF HIS/HER CURRENT JOB, _____, WITHOUT ACCOMMODATION. THE EMPLOYEE WAS ASKED TO COMPLETE THE FOLLOWING PARAGRAPH (1) WHICH ASKS WHETHER THE EMPLOYEE AGREES WITH THE COUNTY'S DETERMINATION AND (2) TO IDENTIFY ANY REASONABLE ACCOMMODATION(S) THAT WOULD PERMIT THE EMPLOYEE TO PERFORM HIS/HER JOB AND (3) WHICH IDENTIFIES ANY OTHER ACCOMMODATION DESIRED BY EMPLOYEE.

1. EMPLOYEE'S RESPONSE TO COUNTY OF LAMPASAS' STATEMENT THAT HE/SHE CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF HIS/HER CURRENT JOB, WITHOUT ACCOMMODATION:

____ I AGREE ____ I DISAGREE

WITH THE COUNTY'S DETERMINATION THAT I CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF MY CURRENT JOB, WITHOUT ACCOMMODATION.

REASON FOR DISAGREEMENT OR OTHER RESPONSE OR COMMENT:

2. REASONABLE ACCOMMODATION(S) THAT WOULD PERMIT ME TO KEEP MY CURRENT JOB:

OTHER RESPONSE OR COMMENT:

3. IN ADDITION TO ANY REASONABLE ACCOMMODATION(S) IDENTIFIED IN PARAGRAPH 2 (ABOVE), THE OTHER JOB OR JOBS TO WHICH I WOULD LIKE TO BE ASSIGNED AND ANY REASONABLE ACCOMMODATIONS(S) THAT WOULD PERMIT ME TO PERFORM THAT JOB OR THOSE JOBS, ARE AS FOLLOWS:

FIRST JOB: _____

REASONABLE ACCOMMODATION(S), IF ANY: _____

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EMPLOYEE SUGGESTIONS FOR REASONABLE ACCOMMODATION (CONTINUED)

SECOND JOB:
REASONABLE ACCOMMODATION(S), IF ANY:

THIRD JOB: _____

REASONABLE ACCOMMODATION(S), IF ANY: _____

FOURTH JOB: _____

REASONABLE ACCOMMODATION(S), IF ANY: _____

FIFTH JOB: _____

REASONABLE ACCOMMODATION(S), IF ANY: _____

DATE: _____

EMPLOYEE

SUPERVISOR/MANAGER