



# **Snohomish County**

## *Disability Accommodation in Employment Guidelines*

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# Disability Accommodation in Employment

## General Statement

These guidelines are an internal guide intended to assist Snohomish County in providing reasonable accommodation in accordance with federal and state laws. Snohomish County will provide reasonable accommodations to qualified individuals with known disabilities under the American with Disabilities Act or the Washington Law Against Discrimination unless to do so would cause undue hardship.

For questions on this these guidelines, please call the Human Resources Department, 425-388-3411.

## The Americans with Disabilities Act of 1990 (ADA):

The Americans with Disabilities Act is a federal law. In addition to the requirements regarding reasonable accommodation, Title I of the ADA prohibits *discrimination* in all aspects of employment against a qualified individual with a disability who can perform the essential functions of the job, with or without reasonable accommodations. "Discrimination" includes retaliation, that is, harassing or interfering with an individual who exercises any right protected by this law.

Disability means

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

Short-term impairments and pregnancy generally are not disabilities, although complications from pregnancy may be.

## Washington Law Against Discrimination (WLAD)—RCW 49.60

RCW 49.60 is known as the "law against discrimination." Among other provisions, it also prohibits discrimination against any person because of any sensory, mental, or physical disability and, like federal law, protects any person who exercises a right protected under the law from retaliation.

“Disability” means

a sensory, mental, or physical *impairment* that

- is medically cognizable or diagnosable, or
- exists as a record or history; or
- is perceived to exist whether or not it exists in fact.

Under state law, disabilities may include temporary impairments, whether mitigated or unmitigated.

For purposes of reasonable accommodation, an impairment must be known, or shown through an interactive process to exist in fact, and

1. have a substantially limiting effect on the individual’s ability to perform his/her job, ability to apply for or be considered for a job, or the individual’s access to equal benefits, privileges, or conditions of employment; *or*
2. the employee must have put the employer on notice of the existence of the impairment, and medical documentation must establish a reasonable likelihood that engaging in job functions without an accommodation would aggravate the impairment to the extent that it would create a substantially limiting effect.

For purposes of reasonable accommodation, a limitation is not “substantial” if it has only a trivial effect.

## **Reasonable Accommodation**

Reasonable accommodations will be provided in accordance with applicable federal and state laws to qualified individuals who are employees or applicants for employment unless to do so would cause undue hardship.

Snohomish County may initiate the interactive process any time it is notified of a need for an accommodation for an employee or applicant for employment.

The interactive process is the communication between the individual in need of an accommodation and Snohomish County to assist with the accommodation process, including clarification of accommodation needs and review of reasonable accommodation options.

When requested to do so, applicants and employees are responsible to provide documentation on the nature of their disability and their job-related functional limitations. Applicants and employees who fail to provide required documentation or participate in the interactive process may forfeit their eligibility for a reasonable accommodation. Applicants and employees with disabilities who refuse a reasonable accommodation may no longer be considered qualified for their position if they are unable to perform the essential functions of the job without an accommodation.

Reasonable accommodation items that are purchased by Snohomish County are the property of Snohomish County.

A reasonable accommodation that has been provided may be reviewed periodically by the County as needed.

Accommodation and medical documentation is confidential and is maintained in the Human Resources department.

## **Applicant Accommodation Guidelines**

An applicant may request reasonable accommodation to complete the application, testing or interview process. The applicant must make a request for accommodation to the Human Resources Department, preferably at the time of application, but at least one (1) week prior to the date the accommodation is needed

Reasonable accommodation will be determined on a case-by-case basis. The reasonable accommodation request is evaluated through consideration of the applicant's stated disability, the specific accommodation requested, the feasibility of this or other potential accommodations, and any other relevant factors.

Reasonable accommodations may include, but are not limited to: interpreter/reader, additional time allowed for examination, Braille examination, and other alternate testing methods.

### ***Post-Offer Applicant***

If an applicant identifies (or the County becomes aware) that s/he may need a reasonable accommodation to perform the essential functions of a position after s/he has been selected and given a conditional job offer, the County will engage in an interactive process to determine the nature of his/her restrictions and what accommodations may address them. If it is determined that a reasonable accommodation will enable the applicant to perform the essential functions of the position and the applicant does not pose a safety threat (significant risk of substantial harm) to the applicant and/or others, the approved reasonable accommodation will be implemented and documented, and the offer of employment will be finalized.

If it is determined that no reasonable accommodation will enable the applicant to perform the essential functions of the position, or if the applicant poses a safety threat (significant risk of substantial harm) to him/herself or others that cannot be reduced or eliminated by reasonable accommodation, the contingent offer of employment will be rescinded.

## **Employee Accommodation Guidelines**

An employee may request reasonable accommodation by contacting his/her supervisor and filling out the Reasonable Disability Accommodation Request form with the assistance of the supervisor, if necessary (Addendum A). Although such requests may be verbal, both the employee and supervisor should ensure the request is documented using this form. If a supervisor observes that an employee's job performance is deficient and believes that this may be due to a medical condition, the supervisor should consult with the Human Resources Department to determine the appropriate action.

The interactive process is initiated, as needed, between Snohomish County and the employee to assist with the reasonable accommodation process and review of reasonable accommodation options. Reasonable accommodation will be determined on a case-by-case basis. Reasonable accommodation is determined through consideration of the essential job functions of the position held, the feasibility of providing the accommodation requested, and any other relevant factors including the employee's physical and/or mental impairment and limitations.

The employing department may facilitate the interactive process if it appears likely that a reasonable, safe and effective accommodation can be identified without Human Resources assistance.

If an employee requests an accommodation for the first time (for any given condition) he/she will be given the sample letter "Accommodation Request" (Addendum B) that requires information from a health care provider in order to process the accommodation request. It is the employee's responsibility to obtain the information requested from the healthcare provider in a timely manner and provide it to the County.

The process will vary somewhat for an employee who requests a second or subsequent accommodation for the same disability for which he/she has previously received an accommodation, because the employee's disability is already known. For example, if an employee has previously provided medical documentation of a condition for which his/her health care provider has stated no improvement or cure is anticipated, consultation with Human Resources is required before proceeding, because if further medical documentation is needed, the letter that will be sent to the health care provider will be substantially changed. It is also advisable to seek assistance from Human Resources if it is unclear whether further medical documentation is necessary before providing a reasonable accommodation.

Reasonable accommodations may include, but are not limited to:

- modified work schedule,
- acquisition of devices to assist with accommodation, and
- workstation modification.

Also, if the employee is unable to perform essential functions of his/her position with or without a reasonable accommodation, or no reasonable accommodation is available that does not create an undue hardship, the employee may be reassigned. An employee may be reassigned if:

- a vacant non-promotional position for which the employee meets the minimum qualifications is available or will become available within a reasonable period of time;
- the employee is able to pass job-related tests;
- the employee can perform the essential functions of the position, with or without a reasonable accommodation, and;
- the employee is medically cleared to perform the work.

The employee must successfully complete a probationary period as required by the applicable personnel rules or labor agreement. If the employee declines a reassignment to a position for which he/she is both qualified and able to perform essential functions, with or without reasonable accommodation, he/she will be separated from County employment and may be placed on the medical layoff reinstatement/reemployment list at the discretion of the Human Resources Director. A Pre-determination Hearing will be held prior to layoff. (Addenda C and D)

Employees on the economic layoff registers have priority, in accordance with the labor agreement and personnel rules, for employment opportunities over employees who cannot perform the essential functions of their job with or without an accommodation.

The County has no obligation to train employees to become qualified for any particular job opening.

The County has no obligation to create vacant positions or waive job qualifications or essential job requirements in the disability accommodation process.

See also Reasonable Accommodation information on page 4.

## **Reemployment Services**

If an employee is not able to perform the essential functions of his/her position with or without reasonable accommodation and it is determined there are no vacant non-promotional positions open currently or within a reasonable period of time for which the employee is qualified, is able to pass job-related tests, is medically cleared to perform the work and is able to perform the essential functions with or without reasonable accommodation, the County will lay off the employee and place his/her name on the reinstatement/reemployment list and the employee will be separated from County employment. At the discretion of the Human Resources Director, an employee who declined a transfer as a reasonable accommodation may be placed on the reinstatement/reemployment lists (see previous section "Employee Accommodation Guidelines"). A pre-determination hearing will be held prior to layoff. Reemployment

services will be offered to those participants on the medical layoff reinstatement/reemployment lists who request the services.

To begin Reemployment Services, the participant must return a completed Check-box Letter (Addendum E) (that was given/mailed to the participant) to the Reemployment Services staff indicating the services he/she is interested in receiving. The participant will provide requested medical, work history and job application materials. The medical documentation must show that the participant is able to work in some capacity and it must include any necessary work restrictions.

Reemployment Services will be provided for up to one year from the date of layoff or until the participant does the following, whichever occurs first:

- regains active employment with Snohomish County;
- requests (in writing) discontinuance of services;
- declines a job offer for a position he/she is suited to perform with or without reasonable accommodation; or
- fails to cooperate or contact Human Resources staff as required.

Exceptions require Human Resources Director review and approval. Once Reemployment Services are started, they cannot be put on hold to be continued at a later date. Written notification will be sent to the participant when Reemployment Services have ended.

To be considered for a vacant promotional position, the participant will be responsible for obtaining, completing, and submitting a timely employment application packet.

Reemployment Services may consist of resume review, coaching on interview skills, job application review, providing job opening information and facilitating placement in non-promotional job openings. Services will be provided, to the extent possible, as requested by the participant in the completed Check-box Letter returned to the Human Resources Department.

Snohomish County has no obligation to train Reemployment Services participants to become qualified for a particular job opening.

Snohomish County has no obligation to create vacant positions, to offer reemployment to promotional job openings or to waive job qualifications or job requirements in the Reemployment Services process or disability accommodation process.

See also Reasonable Accommodation information on page 4.

## Step-by-Step Reasonable Accommodation Guide

### **STEP 1:**

**Employee may notify employer of need for an accommodation as follows (but not limited to):**

- Making a verbal or written request for an adjustment at work because of a medical condition.
- Providing a note from a health care provider stating the need for an adjustment at work due to a medical condition.
- Employee is exhibiting behavior that indicates he/she cannot perform a function of the job because of a medical condition.

Note: Employee does not have to use the words “reasonable accommodation”; he or she has only to indicate a need for change at work because of a medical condition.

### **STEP 2:**

**The Employing Department consults with the Human Resources Department regarding the accommodation request and commences the interactive process by:**

- Talking with the employee to find out the nature of the employee’s impairment and what the employee needs. Ask if the employee has any suggestions for accommodation.
- Reviewing the request and information provided.
- Verifying the employee’s essential job functions in accordance with the job description and discussing this with appropriate department management and the Human Resources Department.
- Preparing the sample letter “Accommodation Request” (Addendum B) to give to employee requesting medical information from the employee’s health care provider as to the employee’s impairment, limitations, ability to perform the essential job functions and whether or not there are reasonable accommodations available. See previous “Employee Accommodation Guidelines” section regarding process for employees who are requesting subsequent accommodations for the same qualifying condition.
- Meeting with the employee to explain the “Accommodation Request” letter and the accommodation process.

**STEP 3:****Medical information from physician(s) is obtained and reviewed.**

Appropriate department personnel and Human Resources staff review medical information and any other pertinent information. The review includes the following:

- Determine if additional medical information or clarification is needed.
- Determine if the employee has an impairment and, if so, whether it has a substantially limiting effect upon his/her ability to perform his/her job or, if performing job functions without an accommodation would aggravate the impairment to the extent that it would create a substantially limiting effect.
- If the information provided by the health care provider is insufficient to substantiate a disability and need for accommodation, explain to employee why the information is insufficient and give the employee an opportunity to provide the missing information. As a last resort, send the employee to a health care provider of employer's choice; if this is done, the employer must pay all costs.
- The County may require a fitness-for-duty medical examination when there is a need to determine whether an employee is still able to perform the essential functions of his or her job and as necessary to the reasonable accommodation process. Instances in which the County may require a fitness-for-duty examination include when the County receives contradictory medical information, when the information provided raises additional issues regarding the employee's ability to perform the essential functions of his/her job, and when the information provided raises a safety issue. If a fitness-for-duty medical examination is required, the County must pay all costs.

**STEP 4:****Determination of reasonable accommodation.**

Appropriate department personnel make a determination with Human Resources staff, if needed, by:

- Reviewing documentation from the health care provider to see if he/she has suggested one or more accommodations which would allow the employee to perform the essential functions of the job.
- Determining whether an accommodation is feasible, does not create an undue hardship for an employer, either cost-wise or because it is unduly extensive or disruptive to operations, and is effective.
- Discussing whether the reasonable accommodation is effective, reliable, and readily available for the employee needing the accommodation.

**STEP 5:**

**Employee is provided reasonable accommodation involving job restructuring, modified work schedules, equipment or devices, etc.**

- The Employing Department notifies the employee verbally and in writing detailing the reasonable accommodation granted.
- The Employing Department, with assistance from the Human Resources Department, will monitor the accommodation granted as to its reasonableness and effectiveness.
- If modifications are needed or the employee requests a change to an accommodation, work with Human Resources staff to determine if updated medical information may be requested. A secondary review of the accommodation will be conducted to make a determination.

**STEP 6:**

**Employee is provided reasonable accommodation involving a reassignment to a vacant position.**

- If the County determines that an employee is unable to perform the essential functions of his/her position with or without reasonable accommodation, Human Resources will assist the department and the employee in attempting to locate a position that is currently vacant or one that will become vacant within a reasonable period of time to which the employee may be reassigned.
- The employee must meet minimum qualifications of the position, be able to perform the essential functions of the position with or without a reasonable accommodation, be able to pass job-related tests and be medically released to perform the job.
- Any position under review for possible reasonable accommodation must be at the same or lower pay range. A higher-level position is considered a promotional opportunity and is not considered a reasonable accommodation under the law (although the employee may apply and compete for the position).
- If a vacant position is found that meets the employee's qualifications, and the employee is able to pass job-related tests, perform the essential functions of the position with or without a reasonable accommodation, and is medically released to perform the duties, then the employee will be offered a reassignment to the position without having to compete with other applicants.
- If the employee accepts the position, the employee will be moved to the vacant position and will be required to successfully complete a new probationary period if required by the personnel rules or applicable labor agreement.
- If the employee declines a reassignment to a position for which he/she is both qualified and able to perform the essential functions with or without a reasonable accommodation, he/she will be separated from the County and may be placed on medical layoff on the reinstatement/reemployment list at the discretion of the Human Resources Director.

**STEP 7:****Medical layoff to the Reinstatement / Reemployment list and Separation.**

- If an employee is not able to perform the essential functions of his/her position with or without reasonable accommodation and cannot be reassigned to a vacant position for which he/she is qualified, as described in Step 6, the County will lay off the employee and place the employee's name on the reinstatement/reemployment list and separate the employee from County employment. At the discretion of the Human Resources Director, an employee who declined a reassignment as a reasonable accommodation may be placed on the reinstatement/reemployment lists. (Please note: Reinstatement List and Reemployment List are the same because each term is used in labor contracts and other personnel-related documents).
- Prior to layoff, a "Pre-Determination Hearing" letter will be written to the employee by the supervisor and a hearing will be held.
- If, after the pre-determination hearing, the decision to lay off the employee is confirmed, the "Results of Pre-Determination Hearing" letter will include a "Check-box" letter from the Human Resources Director offering Re-employment Services (Addendum E). On occasion this letter may be sent separately.
- If the decision to lay off the employee is not confirmed, then the Employing Department will consult with the Human Resources Department to determine the appropriate action.
- If the employee resigns due to a medical condition, a pre-determination hearing described above is not required.

**STEP 8:****Reemployment Services**

- If the participant returns the "Check-box" letter to the Human Resources Reemployment Services staff and the participant requests assistance, the reemployment services follow-up letter (Addendum F) is sent to the participant. The participant meets with Reemployment Services staff to discuss employment interests and qualifications and reemployment services are provided.
- If the Check-box letter is not returned by the due date, reemployment services may not be provided.
- If the participant is interested in a non-promotional job opening, he/she must provide all required information to Human Resources Reemployment Services staff. Required information may include a job application, job supplemental or other tests, and a resume.
- Reemployment Services staff review the information provided.
- If the participant is qualified for a non-promotional job opening, the required information including all screening methods (i.e. tests) is forwarded to the department with the job opening for scoring.

- If the participant receives a passing score on all screening that is high enough to warrant an interview based on the normal competitive process, the Reemployment Services staff will meet with department management to discuss any questions regarding the reemployment process and set up an appointment for the participant to meet with department management.
- All other interviews will be on-hold at this juncture.
- The participant meets with department management to discuss the job duties, hours of work, expectations, working conditions and other information or issues.
- The participant meets again with Reemployment Services staff and the participant may be offered a job by the Hiring Official. The Human Resources Department may assist the Hiring Official. If the Hiring Official [or whomever] makes a job offer, he/she asks the participant if he/she needs a reasonable accommodation in order to perform the essential functions of the job. Medical documentation may be required.
- If the participant requests a reasonable accommodation, the Reemployment Services staff and the participant will follow the reasonable accommodation procedures.
- If the participant declines a job offer for a position which he/she is suited to perform with or without reasonable accommodation, Reemployment Services may, at the discretion of the Human Resources Director, provide the participant written notice that reemployment services have ended.
- If the participant is not offered a job, the Reemployment Services staff will continue to work with the participant in accordance with these procedures and the Disability Accommodation in Employment Guidelines.

**Addendum A**



**Snohomish County Human Resources Department**

**REASONABLE ACCOMMODATION REQUEST FORM**  
*For Snohomish County Employees*

Please type or print clearly. Attach additional sheets, if necessary. If you need help completing this form, contact your supervisor.

|   |       |                |                |
|---|-------|----------------|----------------|
| Name: Last  | First | Middle Initial | Department     |
| Job Title   |       |                | Work Telephone |
| Mailing Address ( <i>Street Name and Number</i> ) |       | Apt. #         | Home Telephone |
| City  | State | Zip Code       |                |

Please describe (1) the limitations resulting from your medical condition that affect your employment, and (2) what aspect(s) of your employment or ability to perform your job is affected by the limitation(s).

What change to your job or workplace are you seeking? If you have physician's information that pertains to your accommodation request, please attach to this form.

|                      |      |
|----------------------|------|
| Employee's Signature | Date |
|----------------------|------|

**Please turn this form in to your supervisor/manager.**

**To the Supervisor: This form should be treated with the same confidentiality as other employee medical records. If you make an accommodation, document the accommodation. Please call the Human Resources Department at 425-388-3411 for assistance with this process.**

*Note: Of course, each case depends upon its facts, and this standard format may need to be modified as appropriate for individual cases. Supervisors are encouraged to seek assistance from Human Resources in conforming this general format to their particular needs.*

*This should be on your department's letterhead paper*

SAMPLE LETTER TO EMPLOYEE  
ACCOMMODATION REQUEST

TO: [Employee's name]

FROM: [Department Head, Elected Official, Court Administrator or  
Manager/Supervisor]

DATE: [Today's date]

RE: ***Accommodation Request***

---

You asked that you be given an accommodation in your position due to your health and medical condition. *[If a specific accommodation has been requested, state that here. If instead only a general need for accommodation has been communicated (without a specific accommodation), move on to the next sentence.]* In order for the County to consider your request, it is necessary for you to provide medical information concerning your condition and your ability to perform the essential duties of your position.

Enclosed with this memorandum is a letter and job description for you to take to your health care provider. Please have your health care provider answer the questions in the letter and return it to me no later than [date].

While the County is considering your request and if you are able to perform the essential job duties of your position, you may continue in your present duties. *[If next two sentences are not appropriate, omit them.]* However, if you are incapacitated and absent from work you may take accrued sick leave or, if your sick leave is exhausted, you may elect to use your accrued vacation leave or unpaid leave. Please advise me as soon as possible which you will do. *[If employee is not incapacitated (i.e., so leave is not necessary), but cannot do a particular essential job function, this must be dealt with on a case-by-case basis].* You must submit a written request prior to taking any leave.

After your health care provider has responded to the questions posed in the enclosed letter, I will contact you to advise you of the next step in considering your request. You must be sure to provide me with your current address and phone number if you plan to take leave during this period since it may be necessary for me to reach you immediately.

Please contact me immediately if you have any questions concerning this procedure.

c: Personnel file

## **Addendum B Page 2**

### SAMPLE ACCOMMODATION REQUEST LETTER TO HEALTH CARE PROVIDER

[*Doctor's Name*]

[*Address*]

[*Today's Date*]

**RE:** [*Employee's name and date of birth*]

Dear [*Dr.'s name*],

Your patient, [*employee's name*], has requested an accommodation in [*his/her*] present job with Snohomish County based on [*his/her*] medical condition. In order to consider this request, Snohomish County requires medical information concerning the condition and [*employee's name's*] ability to perform the essential duties of [*his/her*] present position. We would appreciate your assistance in this process.

The following questions are intended to aid the County in properly responding to [*employee's name's*] request. Attached for your reference in answering the questions is a job description for [*employee's name's*] present job position. [*Add here any factors that are at issue for the employee. The more facts you can provide to the health care provider, the more likely that you will get back information that is useful. For example, the employee may be claiming that he or she cannot sit for more than a half hour at a time. If so, you should include any necessity for sitting inherent in the job and particularly inquire whether there is an accommodation which could alleviate the problem.*]

1. Does [*employee's name*] have a [*physical, sensory or mental*] impairment that substantially limits one or more of his/her major life activities? With the term "major life activities", the question is intended to encompass those basic activities that the average person in the general population can perform with little or no difficulty, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. If so, what is the impairment?
  
2. Please describe the limitation(s), including
  - the degree of limitation, and
  - the frequency with which those limitations occur,

**Addendum B Page 3**

3. Please refer to the attached job description. Does the impairment have a substantially limiting effect on [employee's name]'s ability to perform [his/her] job or, in the absence of an accommodation, would performing job functions aggravate the impairment to the extent that it would create a substantially limiting effect on [his/her] ability to perform [his/her] job?
  
4. Does the impairment prevent [employee's name] from being able to perform any of the tasks described in the job description [or above]? If so, please state the task(s) that [employee's name] cannot perform and the medical reason.
  
5. If performing job functions without an accommodation would aggravate the impairment (as described in question 3 above), please describe what the expected aggravation would be and what accommodation is necessary to prevent or limit aggravation such that it would not create a substantially limiting effect on [employee's name's] ability to perform the job function(s).
  
6. Is this a condition that you anticipate will be subject to improvement and/or cure? If so, when do you estimate the condition will improve or be cured?
  
7. Is there some alteration in the job or workplace that would enable [employee's name] to perform the tasks of [his/her] position in Snohomish County? If so, please describe what the alteration would be.

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
Health Care Provider Printed Name \_\_\_\_\_  
Address \_\_\_\_\_

Since we are unable to respond to [*employee's name*]'s request until we receive the above information from you, we would appreciate your written response by [*date*]. Thank you very much for your assistance.

Very truly yours,

[*Department Head, Elected Official, Court Administrator or Manager/Supervisor*]

Enclosure: Job description for [*position title*]  
Stamped, return envelope

c: Personnel file

## Addendum C

*Note: Of course, each case depends upon its facts, and this standard format may need to be modified as appropriate in individual cases. **Supervisors should seek assistance from Human Resources in conforming this general format to their particular needs.***

*This should be on your department's letterhead paper*

### SAMPLE LETTER

#### Pre-Determination Hearing for Employee Unable to Return to Work Because of a Medical Condition

**TO:** [Employee's name and job title]

**FROM:** [Supervisor or Manager and job title]

**DATE:** [Today's date]

**RE:** Pre-Determination Hearing – Employment Status

You requested leave and were placed on Family and Medical Leave Act (FMLA) leave from [date] to [date]. You requested additional leave when your FMLA leave was exhausted and were placed on disability leave in accordance with the [labor agreement or personnel rules] [cite the applicable labor agreement Article # or SCC 3A.06.060(3)]. Disability leave runs concurrent with FMLA leave; therefore you were eligible for three months of disability. Your disability leave expired on [date].

It is our understanding [state facts of the case here, this includes information from the employee and health care provider on his or her ability to return to work and perform the essential functions of the position]. According to the information from your health care provider, you are not medically able to return to work and perform the essential duties of your position [position title] with or without reasonable accommodation. [If applicable use the following statement: Additionally, in coordination with Carolyn Calderon in Human Resources, we have attempted to place you in several vacant positions as possible accommodations. These positions included the [name all positions]. Your health care provider was unable to release you to work in any of these positions.]

If this information is correct and you have a medical condition that prevents you from returning to work at this time, and performing the essential functions of your current job with or without reasonable accommodation, [If applicable use the following statements: the County can offer assistance in locating an available County position commensurate with your skills and abilities to which you may be reassigned. If you do not wish to

## **Addendum C Page 2**

*receive reassignment services,] [or if reassignment services are unsuccessful,] the [department name] will then place you on layoff in accordance with SCC 3A.06.060(3), attached and [if applicable, article of labor agreement, e.g. Article 13 Section 11 of the AFSCME Master Labor Agreement, attached].*

In order to determine whether our understanding of your present situation is correct, a pre-determination hearing is scheduled for [date] at [time] in my office. The purpose of this hearing is to give you the opportunity to respond and to present updated medical reports and/or information which you believe may bear on your ability to work or any accommodation you believe would enable you to perform the essential duties of your position. Your union representative may accompany you if you wish. If you prefer, you may respond in writing, provided you present your response to me on or before [state time and date of hearing]. If you fail to appear or respond by the date of the hearing, you will be deemed to have waived your right to respond to this action.

Please contact me at [phone number] if you have any questions regarding this letter.

c: Personnel File

## **Addendum D**

*Note: Of course, each case depends upon its facts, and this standard format may need to be modified as appropriate in individual cases. **Supervisors should seek assistance from Human Resources in conforming this general format to their particular needs.***

*This should be on your department's letterhead paper*

### **SAMPLE LETTER**

#### **Results of Pre-Determination Hearing for Employee Unable to Return to Work Because of a Medical Condition**

**TO:** [Employee's name and job title]

**FROM:** [Supervisor or Manager and job title]

**DATE:** [Today's date]

**RE: Results of Pre-Determination Hearing**

On [date of hearing] a pre-determination hearing was held to make a determination regarding your ability to perform the essential functions of your position as [position title]. Present at the hearing were [list those in attendance].

Based on the medical information we received from your medical provider, [name of medical provider] dated [date], and from you it is our understanding that both you and [medical care provider] believe that you have a medical condition that prevents you from performing the essential functions of your position. Further, it is our understanding based on information from [medical care provider or employee] that there is no reasonable accommodation available that would enable you to perform the essential functions of your position now or in the future.

At the hearing you presented the following information [state what information and/or documentation was provided]. [Add information specific to the employee's position, department, etc.].

Based on the information considered, I have determined that you are unable to perform the essential functions of your positions as [position title] with or without reasonable accommodation. At the hearing, you expressed your wish to [receive/decline] reassignment services from the County if I made this determination. [Receive Option: Therefore, I am referring you to Human Resources for reassignment services.

## **Addendum D Page 2**

*In order for the County to assist you with your request for reassignment, it will be necessary for you to provide information regarding your interest and skills, as well as current medical information from your health care provider regarding the extent to which you may be released to work in available positions for which you are qualified. Please contact Carolyn Calderon, Human Resources Analyst, at 425-388-3411 x2070, no later than [date] to set up a meeting for this purpose.]*

*[Decline Option: Therefore, as of the date of this letter, you are placed on layoff and your name is placed on the reinstatement list / reemployment list in accordance with applicable law, SCC 3A.06.060(3), attached and [if applicable, article of labor agreement, e.g. Article 13, Section 11 of the AFSCME Master Labor Agreement, attached]. Because you have been placed on layoff, you are terminated from your [position title] position. You will receive information from WageWorks regarding continuing your benefits under COBRA. COBRA enables you to decide to pay for your benefits yourself for up to eighteen months following the date of your layoff.*

Although you have been placed on layoff from your regular position at this time, the Human Resources Department of Snohomish County will, if you wish, provide you with resource material to assist you in finding other employment for which you are qualified and that is compatible with your current medical restrictions. If you are interested in receiving employment resource material, please complete the attached letter and return it to the Human Resources Department. A self-addressed stamped envelope is also attached for your convenience.

We understand that this notification may cause you and your family personal concern, and want to remind you that we have an Employee Assistance Program. This program is available for your use, should you desire assistance in dealing with any of your concerns. Snohomish County employees are usually limited to three visits. Any use of this program is strictly confidential. A brochure is enclosed for you. Please contact Human Resources at 425-388-3411 for information on the Long-Term Disability Program and COBRA benefits.

Sincerely,

*[Department Head, Elected Official, Court Administrator, or Manager/Supervisor]*

C: Personnel file

Attachment: EAP Brochure  
Self Addressed Stamped Envelope

## **Addendum E**

*This should be on Human Resources department letterhead paper*

Please contact Dani Mullaney 425-388-3411 x2599 or Carolyn Calderon 425-388-3411 x2070 to complete this letter.

### **SAMPLE LETTER**

#### **Human Resources Assistance for Layoff due to Employee Unable to Return to Work Because of a Medical Condition**

[Date]

[Employee Name]

[Employee Home Address]

[Employee City, State, Zip Code]

Dear [Employee Name]:

Our records show that you were placed on layoff and your name is on the reinstatement list/reemployment list. We would like to know if you are interested in receiving the Snohomish County Employment Opportunities bulletin and resource material that may assist you if your health care provider releases you to return to work. Human Resources also provides resume' review and mock-interviews if you are interested.

Please check the appropriate box/boxes below, sign, date, write your current address and telephone, and then return this letter to Human Resources in the stamped, self-addressed envelope enclosed by [30 days from date of letter]. Even if you are not interested in receiving the Employment Opportunities bulletin, resource material or Human Resources assistance, please return this letter.

If you do not return this letter by [30 days from date of letter], we will not be contacting you and we will consider you no longer interested in our assistance.

I want Human Resources assistance, resource materials and the Employment Opportunities bulletins sent to me.

**Addendum E Page 2**

- I only want the Employment Opportunities bulletins and resource materials sent to me.
- I do not want Human Resources assistance, resource materials or the Employment Opportunities bulletins.
- I have obtained employment elsewhere and am no longer interested in Snohomish County employment.

(Your Signature)\_\_\_\_\_ (Date)\_\_\_\_\_

(Your Address)\_\_\_\_\_ (Your Phone)\_\_\_\_\_

If you have any questions, please contact Human Resources at 425-388-3411. Thank you for your attention to this matter.

Sincerely,

Bridget Clawson, Director  
Human Resources

C: Dani Mullaney  
Personnel File

Enclosure: stamped, self-addressed envelope

## **Addendum F**

*FOR HR DEPARTMENT USE ONLY*

*This should be on Human Resources department letterhead paper*

[Date]

[Name]

[Address]

[City], [State] [Zip Code]

### **Subject: Employment Assistance and Resource Material**

Dear [employee's name]:

The Human Resources Department has received your request for Snohomish County Employment Opportunity Bulletins and resource material for reemployment assistance. The material and a Snohomish County Employment Application are enclosed with this letter. In addition, we will be sending you the Snohomish County Employment Opportunity Bulletin each week as you requested. For your information, job opening and application information is also available on our website at [www.co.snohomish.wa.us](http://www.co.snohomish.wa.us) under "Job Opportunities." The Snohomish County Job Line phone number is 425-388-3686 and it has recorded information on the current job openings. We also provide resume review and interview skills coaching if you are interested.

We would like to extend to you an opportunity to meet with a Human Resources staff member for further information on assistance and other services we can provide. We will need a completed employment application and a current medical release to work in order to assist you.

It is your responsibility to monitor the Employment Opportunity Bulletin and submit your application paperwork to the Snohomish County Human Resources Department for job openings that you wish to apply for. It is important that you contact Carolyn Calderon if you apply for a job opening so they can assist you.

## **Addendum F Page 2**

Unless otherwise approved by the Director of Human Resources, assistance may be provided to you for up to one year from your employment termination date. We will discontinue assistance if: you find work elsewhere; you indicate to us you are no longer interested in participating in reemployment services; or if you are offered a position with Snohomish County but you decline the offer.

The Human Resources Department phone number is 425-388-3411. If you would like to meet with us or if you have questions, please let us know.

Carolyn Calderon  
Bridget Clawson

Ext. 2070  
Ext. 2428

Sincerely,

Bridget Clawson  
Director of Human Resources

Enclosed:        Employment Opportunity Bulletin  
                      Job Application