



ARKANSAS DEPARTMENT OF THE MILITARY
OFFICE OF THE ADJUTANT GENERAL
CAMP JOSEPH T. ROBINSON
NORTH LITTLE ROCK, ARKANSAS 72199-9600

ASA HUTCHINSON
GOVERNOR

KENDALL W. PENN
MAJOR GENERAL
THE ADJUTANT GENERAL

NGAR-DOTM

23 August 2019

MEMORANDUM FOR DEPARTMENT OF THE MILITARY (DOTM) STATE EMPLOYEES

SUBJECT: Department of the Military (DOTM) Policy 40-2019, Americans with Disabilities Act Policy (ADA)

1. The Department of the Military (DOTM) Human Resources unit, is responsible for creation, updating, revision and dissemination of state policies and procedures. These policies and procedures assist the agency in maintaining a competent workforce.
2. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications. This policy outlines the provisions of the Americans with Disabilities Act (ADA) of 1990. In 2008, the Americans with Disabilities Act Amendments Act (ADAAA) was signed into law and became effective on January 1, 2009.
3. Point of contact for this memorandum is Scott Stanger at (501) 212-5167.

A handwritten signature in black ink, appearing to read "K. W. Penn".

KENDALL W. PENN
MAJOR GENERAL
The Adjutant General

Encl.
Americans with Disabilities Act Policy

NGAR-DOTM

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Americans with Disabilities Act Policy (ADA)

1. The Americans with Disabilities Act (ADA), was enacted in 1990. The U.S. Department of Justice serves as the owner of this federal legislation. The act in its entirety is located at the following website: <http://www.ada.gov/pubs/ada.htm>
2. The ADA is a wide-ranging civil rights law that prohibits, under certain circumstances, discrimination, based on disability. It affords similar protections against discrimination to Americans with disabilities as the Civil Rights Act of 1964, which made discrimination based on race, religion, sex, national origin, and other characteristics illegal. Disability is defined by the ADA as "a physical or mental impairment that substantially limits a major life activity". The determination of whether any particular condition is considered a disability is made on a case by case basis.
3. The ADA defines a covered disability as "a physical or mental impairment that substantially limits a major life activity". The ADA examples of "major life activities" include, but are not limited to, "caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working" as well as the operation of several specified "major bodily functions".

In accordance with the requirements of the Americans with Disabilities Act of 1990 ("ADA"), the Department of the Military will not discriminate against qualified individuals with disabilities on the basis of disability.

- ***Employment:*** The Department of the Military does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.
- ***Modifications to Policies and Procedures:*** The Department of the Military will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity for employment and all promotional opportunities.
- Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the Department of the Military, should contact/discuss with their supervisor or contact the EEO/ADA Coordinator at 501-212-5117. The supervisor/individual will work together with the EEO/ADA Coordinator to determine an appropriate course of action.
- The ADA does not require the Department of the Military to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

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- Complaints that a program, or activity of the Department of the Military is not accessible to persons with disabilities should be directed to the ADA Coordinator, at 501-212-5117.

The Department of the Military Grievance Procedure under the Americans with Disabilities Act

1. This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (“ADA”). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Department of the Military. The Department of the Military Personnel policy governs employment-related complaints of disability discrimination.
2. The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem.
3. The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 5 business days after the alleged violation to:

**EEO/ADA Coordinator
Department of the Military
Building 4201, Box 28
Camp Joseph T. Robinson
North Little Rock, AR 72199-9600**
4. Within 15 calendar days after receipt of the complaint, the ADA Coordinator, or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator, or his/her designee will respond in writing. The response will explain the position of the Department of the Military and offer options for substantive resolution of the complaint.
5. If the response by the, ADA Coordinator, or her designee, does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Department of the Military.
6. Within 15 calendar days after receipt of the appeal, the Department of the Military will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Department of the Military will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

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7. All written complaints received by the ADA Coordinator, or his/her designee, appeals to Department of the Military, and responses from the office will be retained by the Department of the Military for at least three years.

**Department of the Military
Human Resources**

Employee Request for Accommodation Form

The purpose of this form is to assist the Department of the Military (DOTM) in determining whether, or to what extent, a reasonable accommodation for an employee with a disability is required to perform one or more essential functions of his or her job safely and effectively. The employee must initiate this request for an accommodation. The information will be treated confidentially. To be eligible for a reasonable accommodation under the Americans with Disabilities Act, you must be qualified to perform the essential functions of your position with or without an accommodation, and have a qualifying disability that limits a major life function.

If a disability and/ or need for reasonable accommodation is not obvious or already on file with the department, the department has a right to request medical documentation to substantiate the disability and the requested accommodation. If you have been asked to provide any medical information, you must have your physician complete the DOTM Medical Review Form and submit it with this form, unless it has already been provided.

Date of Request: _____

Employee Information	Supervisor's Information
Name:	Name:
Work Location:	Work Location:
Personnel Number:	Personnel Number:
Job Title:	

1. Name and Title of person who initially received this request (supervisor, chain of command, HR Representative, EEO Officer):

2. Please briefly describe the medical condition requiring accommodation:

3. List specifically what type of accommodations you are requesting (*Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc., or performing job duties.*):

I give DOTM permission to explore possible coverage and reasonable accommodations under the Americans with Disabilities Act of 1990 as amended. I understand all information obtained will be used in accordance with ADA confidentiality requirements:

Employee's Signature: _____ Date: _____

*****DOTM HR ONLY*****

Accommodation request is (please circle one): Approved Denied Modified

If modified, describe modification. If denied, give justification.

HR Administrator's Signature: _____ Date: _____

**HEALTH CARE PROVIDERS INFORMATION
CONFIDENTIAL RECORDS STATEMENT**

AUTHORIZATION TO RELEASE MEDICAL RECORDS

INSTRUCTIONS FOR EMPLOYEE: Complete health care provider information and sign authorization release below. Make additional copies of this form for each of your health care providers, if you have more than one provider. Sign and date all forms and return to:

ADA Coordinator
Department of the Military
Building 4201, Box 28
Camp Joseph T. Robinson
North Little Rock, AR 72199-9600

HEALTH CARE PROVIDER INFORMATION

Attending Health Care Provider's Name: _____

Attending Health Care Provider's Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I have requested an accommodation from The Department of the Military under The Americans with Disabilities Act (ADA) of 1990.

I hereby authorize the ADA Coordinator for The UTHSCSA to communicate directly with the health care provider who completes this form, in order to obtain clarification of issues relating to the functional limitations for which I am seeking an accommodation.

This authorization will automatically end within one year from the date I sign this form.

Employee Name: _____ Phone # _____

Employee's Signature: _____ Date: _____

CONFIDENTIALITY NOTICE: Medical-related information shall be kept confidential and maintained separate from other personnel records. However, supervisors and managers may be advised of information necessary to the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.

