

 <p>HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Touching Lives Everyday"</p> <p>Policies and Procedures</p>	<p>Department: Human Resources</p>	<p>Policy No.: HR 0002</p>
	<p>Issued by: VP & Director of Human Resources</p>	<p>Revision No.:</p>
<p>Subject: <i>Individuals with Disabilities</i></p>	<p>Approved by: HHSC Board of Directors By: Jean Odo Its: Secretary/Treasurer</p>	<p>Effective Date: February 1, 2005</p>
		<p>Supersedes Policy:</p>
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The Hawaii Health Systems Corporation (HHSC) is committed to complying with all applicable Federal and State laws that prohibit discrimination against persons with disabilities. It is HHSC's policy not to discriminate against any qualified employee or applicant with regard to any terms or conditions of employment because of such individual's disability or perceived disability so long as the employee can perform the essential functions of the job. Consistent with this policy of nondiscrimination, HHSC will provide reasonable accommodations to a qualified individual with a disability, as defined by law, who has made HHSC aware of his or her disability, provided that such accommodation does not constitute an undue hardship to HHSC.

Employees or applicants with disabilities who believe they need reasonable accommodations to perform the essential functions of their jobs should contact the applicable Human Resources Office.

Procedures for Requesting an Accommodation:

On receipt of an accommodation request, a representative of the Human Resources Office and the supervisor will meet with the employee or applicant to discuss and identify the precise limitations resulting from the disability, and the potential accommodations that the HHSC might make to help overcome those limitations. HHSC will also obtain medical information from the treating medical care provider to substantiate limitations and the ability of the employee or applicant to perform the essential functions of the position. HHSC may also choose to have the employee or applicant examined by a physician selected by HHSC to substantiate the limitations and the ability of the employee or applicant to perform the essential functions of the position.

HHSC will determine the feasibility of the requested accommodation considering various factors, including, but not limited to the nature and cost of the accommodation, the availability of outside funding, HHSC's overall financial resources and organization, and the accommodation's impact upon other employees.

HHSC will inform the employee or applicant of its decision on the accommodation request or on how to make the accommodation. If the accommodation request is denied and the employee or applicant disagrees with the determination, he or she may present additional information to the Human Resources Office within ten (10) days of the date that this determination is made to further substantiate the request. If the accommodation request is still denied, the employee or applicant will be advised of his or her right to appeal the final determination by submitting a written statement within twenty (20) days of the date that the final determination was made to the Corporate Human Resources Office. If the request on appeal is denied, that decision is final.

The law does not require HHSC to make the best possible accommodation, to reallocate essential job functions, to lower quality or production standards, or to provide personal use items (i.e., eyeglasses, hearing aids, wheelchairs, etc.).

An employee or applicant who has questions regarding this policy or believes that he or she has been discriminated against based on a disability should notify the applicable Human Resources Office. All such inquiries or complaints will be treated as confidential to the extent permissible by law. It is unlawful for any person employed by HHSC to retaliate against an employee or applicant for opposing employment practices that may be discriminatory based on disability or for filing a complaint, testifying or participating in any way in an investigation, proceeding, or litigation under the Federal and State laws that prohibits discrimination against persons with disabilities.

- Attachments:**
1. Form 1, Reasonable Accommodation of Disability Request & Approval Form
 2. Form 2, Request for Reconsideration of Accommodation Request Due to New Information
 3. Form 3, Consent & Authorization to Release Medical Information for Reasonable Accommodation

HAWAII HEALTH SYSTEMS CORPORATION
 REASONABLE ACCOMMODATION OF DISABILITY
 REQUEST & APPROVAL FORM

Requestor's Name: _____
 Date of Submission of Request: _____ Unit: _____
 Doc. # _____
 Requestor is an: [] Applicant [] Employee
 Position Involved: _____
 Location: _____
 Work or Home Phone #: _____

- 1) Accommodation that is being requested:

- 2) Identify the nature of the disability and the reason for the accommodation requested:

- 3) Information being submitted to support the request for accommodation:

 Requestor's Signature Date

Determination

The request for a reasonable accommodation is:

- [] The agreed upon accommodation is:
-
- [] No agreement was reached or an accommodation was deemed not warranted because:

If you disagree with my determination, you may present additional information to me within ten (10) business days of the date that this determination is made to further substantiate your request. Please call me at _____ to discuss the above decision.
 (Telephone/ext.)

 Regional HR Director/Designee Date

 Regional Chief Executive Officer Date

HAWAII HEALTH SYSTEMS CORPORATION
 REQUEST FOR RECONSIDERATION OF ACCOMMODATION REQUEST
 DUE TO NEW INFORMATION

Requestor's Name: _____
 Date of Request for Reconsideration: _____ Unit: _____
 Doc. # Original Request: _____ Doc. # Current Request: _____

Application

- 1) Is the same or different accommodation being requested?

- 2) Has the nature of the disability or the reason for an accommodation changed?

- 3) Is there additional information to support the request for reconsideration?

Requestor's Signature Date

Redetermination

The request for reasonable accommodation is:

The agreed upon accommodation is:

No agreement was reached or an accommodation was still deemed not warranted because:

If you disagree with my final determination, you may request an appeal of this decision by submitting a written statement explaining the reasons for the request within twenty (20) days of the date the decision was made to the Hawaii Health Systems Corporation, Corporate Human Resources Office, 3675 Kilauea Avenue, Honolulu, HI 96813. If the request on appeal is denied, that decision is final.

Regional HR Director/Designee Date

Regional Chief Executive Officer Date

