

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
PD-14 (rev. 7), “AMERICANS WITH DISABILITIES ACT AND EMPLOYMENT OF
PERSONS WITH A DISABILITY”
FEBRUARY 1, 2021
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TEXAS DEPARTMENT
OF
CRIMINAL JUSTICE

NUMBER: PD-14 (rev. 7)
DATE: February 1, 2021
PAGE: 1 of 20
SUPERSEDES: PD-14 (rev. 6)
June 1, 2015

EXECUTIVE DIRECTIVE

SUBJECT: AMERICANS WITH DISABILITIES ACT AND EMPLOYMENT OF PERSONS WITH A DISABILITY

AUTHORITY: *Rehabilitation Act of 1973*, 29 U.S.C. §§ 720–728a, 791(c), 794; *Civil Rights Act of 1964 and 1991*, 42 U.S.C. §§ 1981, 1983; *Americans with Disabilities Act of 1990, as amended*, 42 U.S.C. §§ 12101–12117; 29 C.F.R. §§ 825.125, 1604.10, 1630.2; Tex. Gov’t Code §§ 493.001, 493.006(b), 493.007; Tex. Health & Safety Code §§ 81.001–.353; Tex. Lab. Code §§ 21.001–.556; Tex. Transp. Code §§ 681.001–.013; *General Appropriations Act*, 86th Leg., R.S., art. V; BP-02.08, “Statement of Internal Controls”

APPLICABILITY: Texas Department of Criminal Justice (TDCJ)

EMPLOYMENT AT WILL CLAUSE:

This directive **does not** constitute an employment contract or a guarantee of continued employment. The TDCJ reserves the right to change the provisions of this directive at any time.

Nothing in this directive limits the executive director’s authority to establish or revise human resources policy. This directive guides the operations of the TDCJ and **does not** create a legally enforceable interest for employees or limit the executive director’s, deputy executive director’s, or division directors’ authority to terminate an employee at will.

POLICY:

The TDCJ complies with the provisions of the *Americans with Disabilities Act (ADA)*. The employment status of such employees shall be determined in a consistent and fair manner without regard to race, color, religion, sex (gender), national origin, age, disability, or genetic information. Due to the operational needs of providing 24-hour security, the TDCJ may be limited on the type of accommodation that will be allowed or approved.

DEFINITIONS:

The following terms are defined for the purpose of this policy and are not intended to be applicable to other policies or procedures.

“Accommodation Coordinator” is an employee within the Employee Relations section, Human Resources Division responsible for processing requests for an accommodation from applicants and employees due to a disability.

“Disability” means (a) a physical or mental impairment that substantially limits at least one major life activity; (b) a record of such an impairment; or (c) being regarded as having such an impairment. Pregnancy is not a disability; however, impairments related to pregnancy may qualify as a disability.

“Essential Functions” means a position’s fundamental job duties that an applicant or employee is required to be able to perform with or without a reasonable accommodation.

“Health Care Provider” is (a) a person authorized in the state in which services are provided to diagnose and treat physical or mental health conditions, and who is performing within the scope of the provider’s practice under state law, including: a doctor of medicine or osteopathy, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, licensed acupuncturist, nurse practitioner, nurse-midwife, clinical social worker, or physician assistant; (b) any health care provider recognized under the Texas Employees Group Benefits Program; or (c) a Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts. 29 C.F.R. § 825.125

“Major Life Activity” includes (a) caring for oneself, performing manual tasks, walking, seeing, hearing, eating, sleeping, standing, lifting, bending, breathing, learning, reading, concentrating, thinking, communicating, working, and speaking; and (b) the operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

“Minimum Qualifications” are the minimum level of education, experience, training, knowledge, and skills required or preferred for a position. Minimum qualifications are included in each job description.

“Reasonable Accommodation” means a modification or adjustment (a) to the job application process that enables an applicant with a disability to be considered for the desired position; (b) to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enables a qualified individual with a disability to perform the essential functions of that position; or (c) that enables an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by similarly situated employees without disabilities. The TDCJ is not required to provide an accommodation that causes the TDCJ undue hardship.

“Selection Reviewer” is the employee responsible for reviewing the selection packet to verify that the selection process complies with TDCJ policies and procedures, as well as conducting certain selection process functions, such as document screening or interviewing.

“Trainee” is an employee attending the TDCJ Pre-Service Correctional Officer Training Course or Non-Correctional Officer Training Course at the Pre-Service Training Academy (PSTA), Parole Officer Training Academy (POTA), or Office of the Inspector General Training Academy (OIGTA).

“Undue Hardship” is a significant difficulty or expense incurred by the TDCJ as a result of providing an accommodation, taking into account the nature and cost of the accommodation, the size and resources of the TDCJ, and the impact of the accommodation on the TDCJ’s operations.

PROCEDURES:

I. General Provisions

The TDCJ shall not:

- A. Discriminate against a qualified individual due to the individual’s disability in regard to recruitment or recruitment advertising, selection, placement, layoff or termination, promotion, demotion, transfer, training, participation in programs, compensation, use of facilities, or other terms and conditions of employment; or
- B. Subject an individual with a disability to retaliation for:
 - 1. Opposing employment discrimination due to a disability; or
 - 2. Testifying or assisting in an investigation of such a claim.
- C. Discriminate against any person due to the person’s association with an individual who is protected by the *ADA*.

II. Applicants for Employment

The TDCJ hiring process is open to individuals with a disability who can perform the essential functions of a job with or without a reasonable accommodation.

A. Pre-Employment Testing

The TDCJ requires that each employee be able to hear, read, and write at a level sufficient to perform the essential functions of the employee’s position. An applicant, including a current employee applying for another TDCJ position, is responsible for requesting an accommodation prior to a pre-employment testing process, if needed. The TDCJ shall accept documentation from a health care

provider for a physical disability or verification from a diagnostician or school counselor for a learning disability.

The employee to whom an applicant makes the request for an accommodation shall ensure the accommodation coordinator is notified of the request.

B. Interview Process

An applicant shall request an accommodation prior to any interview process. The employee to whom an applicant makes the request for an accommodation shall ensure the accommodation coordinator is notified of the request. The accommodation coordinator shall forward the requesting applicant an accommodation request packet.

The applicant shall complete and return the request packet to the accommodation coordinator within seven calendar days of receipt of the packet. If all required documentation is provided, the accommodation coordinator shall make every attempt to process the request upon receipt and before the scheduled interview, but the process shall be held until there is a decision on the accommodation.

C. Final Applicants for Posted TDCJ Positions

1. Applicant Responsibilities

Upon being read the PERS 286, Conditional Offer of Employment for Posted Positions, it is the final applicant's responsibility to notify the TDCJ representative reading the conditional offer of employment that an accommodation is required to perform the essential functions of the job because of a disability.

2. TDCJ Representative Responsibilities

Upon request for an accommodation, the representative shall:

- a. Proceed with advising the final applicant of the requirement to take a pre-employment drug test; and
- b. Notify the accommodation coordinator of the final applicant's accommodation request.

D. Applicants for Correctional Officer Positions

Upon receiving a conditional offer of employment for a CO position, it is the applicant's responsibility to request any accommodation needed to perform the essential functions of the job because of a disability.

If the applicant receives a Conditional Offer Letter and a Response to Conditional Offer of Employment packet, it is the applicant's responsibility to follow the instructions in the response packet relating to requesting an accommodation.

III. Trainees

The accommodation coordinator shall be contacted if:

- A. A trainee reports a disability preventing the trainee from performing all the essential functions of the trainee's position while attending the PSTA, POTA, or OIGTA; or
- B. It is determined by a member of the PSTA, POTA, or OIGTA staff that the trainee is unable to perform the essential functions of the trainee's position.

IV. Other Current Employees Seeking an Accommodation

- A. In order for a current employee with a disability to be considered for an accommodation, the employee shall complete a PERS 404, Accommodation Packet (Attachment A). The employee may:
 - 1. Print the PERS 404 packet from the TDCJ website at www.tdcj.texas.gov; or
 - 2. Obtain the PERS 404 packet from the employee's human resources representative or from the accommodation coordinator.
- B. An employee may submit the completed PERS 404 packet to the human resources representative or to the accommodation coordinator. If the employee faxes the PERS 404 packet to the accommodation coordinator, the employee shall also send the original PERS 404 packet via first class mail or truck mail to the accommodation coordinator. To be considered complete, the PERS 404 packet shall include all the following original forms:
 - 1. PERS 404-2, Request for an Accommodation Due to a Disability;
 - 2. PERS 404-4, Medical Information Form. In lieu of the PERS 404-4 form, an employee may submit a health care provider's statement on the health care provider's letterhead assessing the essential functions and what accommodation(s) may be needed. The PERS 404-4 form or health care provider's statement shall be completed by the employee's health care provider within 30 calendar days of the date the employee submits the completed PERS 404 packet.

If a health care provider's statement is submitted in lieu of the PERS 404-4 form, the health care provider's statement is required to include:

- a. The diagnosis and medical facts associated with the medical condition;
 - b. Whether the medical condition is permanent, long-term, or temporary;
 - c. Limitations and restrictions;
 - d. Whether the limitations or restrictions are permanent, long-term, intermittent, or temporary; and
 - e. The extent, duration, or long-term effects of the impairment(s).
3. PERS 404-5, Authorization for Limited Release of Medical Information. The accommodation coordinator may require additional information from the health care provider. If sufficient medical information is not provided by the employee, the accommodation coordinator may need permission via a signed PERS 404-5 limited release permitting the accommodation coordinator to contact the employee's health care provider.
- C. When an employee sustains a work-related injury or illness for which compensation is payable under the *Texas Workers' Compensation Act*, the employee shall not be eligible for a workplace accommodation until the employee's attending health care provider:
1. Provides the employee with a maximum medical improvement (MMI) evaluation via: (1) a DWC FORM-73, "Texas Workers' Compensation Work Status Report," or (2) a health care provider's statement;
 2. Issues an MMI rating; and
 3. Releases the employee to return to work, with or without restrictions.

Upon submitting a request for an accommodation, the employee shall provide not only the PERS 404 packet, but also a copy of the MMI evaluation, the impairment rating, and the release to return to work. No determination shall be made regarding the employee's eligibility for the program until these documents have been received and reviewed.

The fact that an employee is awarded workers' compensation benefits by the State Office of Risk Management, has a disability, impairment, or occupational disease as defined by the *Texas Workers' Compensation Act*, or is assigned an impairment rating by a physician under the workers' compensation system does not automatically establish that the employee is protected by the *ADA*. Work-related injuries covered by the *Texas*

Workers' Compensation Act that constitute a disability shall be accommodated in accordance with this directive and PD-45, "Workers' Compensation and Return to Work Program."

V. Initial Review of the PERS 404, Accommodation Packet

Upon receipt of a PERS 404 packet, the accommodation coordinator shall review the PERS 404 packet for completion.

A. If complete, the accommodation coordinator shall determine:

1. Whether there is a disability based on the health care provider's report and statements from the employee;
2. Whether the appropriate accommodation would be for equipment, a modification in the workplace, or a position reassignment; and
3. Whether the requested accommodation constitutes an undue or unnecessary hardship to the TDCJ.

B. If not complete, the accommodation coordinator or designee shall contact the applicant or employee.

VI. Maximum Search Period for a Reasonable Accommodation

From the date it is determined an applicant or employee has a disability and is eligible for an accommodation, the accommodation coordinator shall search for a reasonable accommodation for a period not to exceed 90 calendar days.

A. If an employee is separated from employment during the 90-day period, the search for a reasonable accommodation shall cease on the day of separation and the request shall be closed.

B. Additionally, if all applicable reasonable accommodations have been offered and refused, the request shall be closed at that time. A refusal by a current employee includes:

1. Declining the opportunity to visit the worksite of a potential job reassignment; or
2. Declining to be reassigned to a position, for which the employee meets the minimum qualifications, at the pay rate indicated by the employee as acceptable.

VII. Equipment, Structural Changes, or Modifications

If the accommodation coordinator determines that the appropriate accommodation is equipment, structural changes, or modifications, the accommodation coordinator shall prepare a decision memorandum (DM) and forward the DM with supporting medical documentation to the appropriate division director or designee requesting approval for the proposed accommodation. If the proposed accommodation is for a non-Correctional Institutions Division (CID) employee assigned to a unit, the DM with supporting medical documentation shall be sent to the division director or designee in coordination with the CID director or designee.

VIII. Position Reassignments - Current Employees

In order to be reassigned to another position, an employee shall meet the minimum qualifications of a vacant posted position and be able to perform the essential functions of the position with or without reasonable accommodation. If the accommodation coordinator determines that a job reassignment is a reasonable accommodation, the search for a job reassignment shall be conducted in accordance with the procedures in this section.

- A. The accommodation coordinator shall contact the employee and request the employee submit a PERS 543, Work History for Accommodation Request (Attachment B), or a current completed State of Texas Application for Employment that includes the employee's most recent work history. The Summary of Experience must be detailed sufficiently to show experience, education, and skills. Supporting documents to be considered for qualification purposes such as a transcript, typing test, certifications, licenses, training, or seminar certificates shall be attached. These shall be the only documents used to verify the employee's qualifications.
 - 1. The additional requirements of the position listed on the job description shall be compared to the employee's limitations and restrictions as stated on the PERS 404-4, Medical Information Form.
 - 2. A copy of the PERS 543, Work History for Accommodation Request, or the State of Texas Application for Employment may be faxed to the accommodation coordinator for verification of the employee's qualifications.
- B. The accommodation coordinator shall review all existing vacancies for which a request to fill has been approved that:
 - 1. Are within the employee's preferred geographic location(s);

2. Have a pay group within the range of the employee's current pay group and the lowest salary rate the employee would accept as indicated by the employee on the PERS 404-2, Request for an Accommodation Due to a Disability; and
 3. The employee is qualified for based on the minimum qualifications described in the job description and the employee's documented education, work experience, skills, and knowledge.
- C. If applicable, the accommodation coordinator shall schedule a worksite visit for the employee and notify the employee of the date, time, and place for the visit.
- D. If the reassignment is a reasonable accommodation, the accommodation coordinator shall prepare and distribute a DM with supporting medical documentation requesting concurrence from the division director.
1. If the gaining division director or designee concurs with the placement, the accommodation coordinator shall:
 - a. Advise the employee when, where, and to whom to report; and
 - b. Email a "Letter of Acceptance" to the gaining unit or department human resources representative.
 2. If the gaining division director or designee does not concur with the placement, the division director or designee shall provide the accommodation coordinator with written justification. The reasons shall be job-related and applicable to the qualifications of the employee and requirements of the position.
- E. Upon reporting to the gaining unit or department as instructed by the accommodation coordinator, the employee shall sign and date the "Letter of Acceptance." The gaining unit or department shall fax or email a copy to the accommodation coordinator and forward the original by first class mail or truck mail.

The gaining human resources representative shall:

1. Submit a "Request to Cancel" e-form to the postings coordinator, if the position was posted prior to the employee accepting the position;
2. Submit a "Request to Fill" e-form to the postings coordinator indicating "ADA Placement" as the method to fill with a job available date on or before the date the letter of acceptance is signed by the employee;

3. Enter a Payroll Status Change (PSC) in the TDCJ Payroll/Personnel System PSC Update screen indicating “ADA Accommodation” with an effective date being the date the letter of acceptance was signed by the employee, after receiving approval from the postings coordinator on the Request to Fill e-form; and
 4. Submit the approved “Request to Fill” e-form to the Payroll Department.
- F. If the employee does not sign the “Letter of Acceptance”, the gaining unit or department shall immediately contact the accommodation coordinator. The employee shall not be placed in the position, and the request for an accommodation shall be discussed between the accommodation coordinator and the employee allowing for alternative suggestions until the interactive process is exhausted and the request is administratively closed.
- G. Once the employee has been accommodated with a job reassignment, the employee shall submit a new request if additional accommodations are needed, including when the employee changes positions.

IX. Relief from Duty and Compliance with Leave Policies

An employee may be relieved of duty after informing appropriate staff that the employee is unable to perform the essential functions of the employee’s position due to a medical condition. The employee shall provide a health care provider’s statement and a PERS 24, TDCJ Leave Request, in accordance with the applicable TDCJ leave policy. If the employee or the health care provider’s statement indicates the medical condition may be a disability, the employee’s supervisor or human resources representative shall ensure the employee is advised of the availability of the accommodation process.

X. Confidentiality

Information regarding an individual's medical condition, whether or not the condition is a disability, generally is confidential, even if provided voluntarily by the applicant or employee. However, medical conditions related to a request for a reasonable accommodation are subject to verification from a health care provider.

XI. Fraudulent Information

Submission of fraudulent information may lead to termination of the accommodation process.

- A. An outside applicant who submits fraudulent information shall be disqualified from employment consideration in accordance with PD-71, “Selection System Procedures.”

- B. A current employee who submits fraudulent information may be subject to disciplinary action in accordance with PD-22, “General Rules of Conduct and Disciplinary Action Guidelines for Employees.”

XII. Use of Parking Spaces Designated for a Person With a Disability

An employee is not required to request an accommodation in order to use a parking space designated for a person with a disability. However, the employee’s vehicle shall display a license plate indicating the employee has a disability or is a disabled veteran, or state-issued disabled parking placard.

- A. An employee who requires the use of a disabled parking space shall provide verification of this requirement to the employee’s human resources representative. The verification shall include a copy of the employee’s driver license and one of the following:

1. The state-issued disabled parking placard and verification that the placard is issued to the employee; or
2. Documentation issued by the county tax office identifying the disabled license plate number and the person to whom the plate is issued.

The human resources representative shall ensure the employee is the person identified on the documentation issued by the county tax office.

- B. It is a violation of law for a person without a disability to use a parking space designated for persons with disabilities or to park in such space without displaying an appropriate license plate or placard. If an employee parks in a space designated for persons with disabilities without verification of the employee’s authorization to use such a parking space, the human resources representative shall require the employee to provide the documentation or move the vehicle. If the violation recurs, the employee may be subject to disciplinary action in accordance with PD-22, “General Rules of Conduct and Disciplinary Action Guidelines for Employees.”

Bryan Collier
Executive Director

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Accommodation Packet

CONTENTS

PERS 404-1 Applicant or Employee Letter

PERS 404-2 Request for an Accommodation Due to a Disability

PERS 404-4 Medical Information Form

PERS 404-5.....Authorization for Limited Release of Medical Information



Texas Department of Criminal Justice

Bryan Collier
Executive Director

Dear Applicant or Employee:

The purpose of this packet is to assist you in applying for an accommodation based upon your disability. An accommodation is a reasonable modification or adjustment that enables you to perform your essential job functions or participate in the application process. An accommodation may involve job restructuring, specialized equipment, making the workplace accessible, or additional time to take employee entrance examinations. In addition, if you are a current TDCJ employee, an accommodation may include a reassignment to a vacant position for which you meet the minimum qualifications and you are physically and mentally capable of performing.

All positions have job-related qualification standards consistent with business necessity. If you are currently unable to perform the essential functions of your job, you may be relieved of duty while an accommodation is being sought.

If you have a disability, the Employee Relations section, Human Resources Division, shall attempt to identify a reasonable accommodation for a period of up to 90 calendar days. The 90-day period begins the day the Employee Relations section determines you have a disability. If you are a current TDCJ employee and you are separated from employment for any reason during the 90-day period, the search for an accommodation shall cease. Additionally, if a reasonable accommodation is offered and refused, the request for accommodation shall be immediately terminated. If you are a current employee, refusal of an accommodation includes, but is not limited to: (a) declining the opportunity to visit the worksite of a potential job reassignment; or (b) declining to be reassigned to a position, for which you meet the minimum qualification, at the pay rate you indicated acceptable in this packet.

The accommodation process shall not begin until all forms contained in the Accommodation Packet are completed and received by the Employee Relations section, Human Resources Division.

1. PERS 404-2, Request for an Accommodation Due to a Disability.
2. PERS 404-4, Medical Information Form: In lieu of the PERS 404-4 form, you may submit a health care provider's statement on the health care provider's letterhead assessing the essential functions and the accommodation(s) that may be needed. The PERS 404-4 form or health care provider's statement shall be completed by your health care provider within 30 calendar days of the date you submit the completed packet to your human resources representative or the accommodation coordinator.

If a health care provider's statement is submitted in lieu of the PERS 404-4 form, the statement shall include: (a) the diagnosis and medical facts associated with the medical condition; (b) whether the

Our mission is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society, and assist victims of crime.

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Huntsville, Texas 77340-3558
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medical condition is permanent, long-term, or temporary; (c) all limitations and restrictions; (d) whether the limitations or restrictions are permanent, long-term, intermittent, or temporary; and (e) the extent, duration, or long-term effects of the impairment(s).

3. PERS 404-5, Authorization for Limited Release of Medical Information: The accommodation coordinator may require additional information from the health care provider. If sufficient medical information is not provided by you, the accommodation coordinator may need permission via a signed PERS 404-5 limited release permitting the accommodation coordinator to contact your health care provider.

Submitting a request for an accommodation does not prohibit you from applying for other positions. All employees who can perform the essential functions are encouraged to apply for any positions for which they are qualified, with or without a reasonable accommodation.

If you have any questions, you may contact the accommodation coordinator in the Employee Relations section at (936) 437-3103. When you have completed the above items, you may fax the packet to the accommodation coordinator at (936) 437-4010 or submit the packet to your human resources representative. If you fax the packet to the accommodation coordinator, you are also required to send the original packet via first class mail or truck mail to the accommodation coordinator at the address listed below.

Human Resources Division
Employee Relations
2 Financial Plaza, Suite #600
Huntsville, Texas 77340-3558

Sincerely,

Section Director
Employee Relations

Our mission is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society, and assist victims of crime.

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Texas Department of Criminal Justice
Request for an Accommodation Due to a Disability

FOR AGENCY USE ONLY
Intake Number

To be completed by applicant or current employee:

Print Name: _____ Social Security Number: _____
Job Title: _____ Unit/Dept.: _____

1. Describe the essential functions of the position applied for or your current job that you are unable to perform without special accommodations: (Attach additional pages as needed.)

2. Describe the physical or mental limitations(s) preventing you from performing these essential function(s): (Attach additional pages as needed.)

3. Describe the accommodation(s) you are requesting: (Attach additional pages as needed.)

Personal Number: _____ Alternate or Cell Number: _____
(Area Code) (Area Code)

Mailing Address: _____
Street City State Zip Code

Email Address: _____

Signature: _____ Date: _____
(mm/dd/yyyy)

To be completed by current employee only: The following information is required in case it is determined that a job reassignment may be a reasonable accommodation.

1. State your geographic preferences, indicating all units or areas where you are willing to work or relocate:

Lowest Acceptable Dollar Amount (Salary) per month: _____

2. Positions resulting in a promotion shall not be considered. During a maximum search period of 90 calendar days, a search for position reassignment will be conducted. The search will include a range between your current salary group and your lowest acceptable dollar amount. You must meet the minimum qualifications for any identified position. You may change the lowest acceptable dollar amount during the 90-calendar-day period. If you accept a position at a lower salary group, you may be reduced to the minimum rate of the designated salary group. Please indicate the **lowest** dollar amount per month that you are willing to accept. No offer shall be extended for a position below the dollar amount indicated. Once you have accepted or rejected a reasonable job offer, the search for a job reassignment is discontinued.

If the accommodation coordinator is unable to assist you or if the maximum accommodation search period of 90 calendar days expires, the accommodation coordinator will notify the human resources representative that your request for an accommodation is being closed. The human resources representative will advise you that you will be required to comply with the appropriate TDCJ leave policy.

Note to Applicant or Employee: With few exceptions you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023 to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request in accordance with TDCJ procedures that incorrect information the TDCJ has collected about you be corrected.

Texas Department of Criminal Justice
Human Resources Division
2 Financial Plaza, Suite #600
Huntsville, Texas 77340-3558

**Texas Department of Criminal Justice
Medical Information Form**

Please return this information to the accommodation coordinator via fax at (936) 437-4010 or mail to TDCJ, Employee Relations, 2 Financial Plaza, Suite #600, Huntsville, Texas 77340-3558.

Your Patient _____ SSN: _____ has applied for an accommodation under the Texas Department of Criminal Justice's PD-14, "Americans with Disabilities Act and Employment of Persons with a Disability." Attached is a copy of the job description, which contains the essential functions of the position. Please provide the following requested information regarding those essential functions based on your medical or psychological evaluation.

Diagnosis: _____

Date patient first diagnosed: _____ Date you first treated the patient for this condition: _____

What specific essential function(s) on the job description is limited or restricted? (Attach additional pages if needed.)

Is the medical condition permanent, long-term, or temporary? _____

Is the limitation or restriction permanent, long-term, intermittent, or temporary? _____

If the limitation or restriction is temporary, intermittent, or long-term, please state the extent, duration, or long-term effects of the medical condition: (Attach additional pages if needed.)

Date (mm/dd/yyyy)

()

Telephone Number

()

Fax Number

Health Care Provider Signature

Health Care Provider Printed Name

Street Address

City State Zip Code

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (75 Fed. Reg. 68934).

**Texas Department of Criminal Justice
Authorization for Limited Release of Medical Information**

I, _____, authorize the Texas Department of Criminal Justice (TDCJ) accommodation coordinator or TDCJ official to receive medical records and to discuss my medical condition with the following care providers:

(Please provide the full name, address, and telephone number of all applicable providers.)

1. _____
2. _____
3. _____

The forgoing records and medical information are limited to that information which the agency needs to know to assess my reasonable accommodation request.

I understand this is the TDCJ's attempt to obtain the following medical information (as indicated):

- Confirmation that my medical condition is a disability under the *Americans with Disabilities Act*, as amended;
- The functional limitation(s) or work-related restrictions associated with the stated disability;
- Why the requested reasonable accommodation is needed;
- Clarification of medical information previously submitted to the TDCJ; or
- Recommendations regarding alternative accommodations.

The TDCJ will only request medical information that is directly related to the aforementioned.

I understand that the information that is collected and discussed is to be treated with confidentiality. However, directly relevant information may be shared with supervisors/managers or others who need to know to address work restrictions and/or accommodations, in order to make decisions, or provide advice on matters relating to my request for reasonable accommodation.

This release terminates once the accommodation request is closed.

Employee/Applicant Signature

Date

A photocopy or facsimile of this form will serve as an original.

Texas Department of Criminal Justice Work History for Accommodation Request

NAME: _____ Social Security No.: _____
(Last) (First) (Middle)

Are you willing to work hours other than 8 a.m. - 5 p.m.? Yes No

Are you willing to work on Saturdays? Yes No Are you willing to work on Sundays? Yes No

Are you willing to travel? Yes No If yes, what percent of time? _____

Driver License (if required for this position) _____
(State) (Number)
 Class A Class B Class C Class M
 Class A Commercial Class B Commercial
 Class C Commercial Class M Commercial

If applicable, provide transcript for college or university education claimed.

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

Date Received _____ Time Received _____ Received by _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION <small>(P.E., R.N., Attorney, C.P.A., etc.)</small>	Date issued	Date expires	Issued by or location of issuing authority <small>(State or other authority) (City & State)</small>	License No.

Special Training, Skills, or Qualifications: List all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software, and hardware. Attach additional page, if necessary.

Approximately how many words per minute do you type? _____

Position Title:						Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City & State/ZIP:						AC ()		Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC ()						If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial <input type="checkbox"/>	
						\$	Supervisory/Managerial <input type="checkbox"/>	

Summary of experience:

Specific reason for leaving:

Position Title:						Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:						Supervisor's Telephone No.:		Summer <input type="checkbox"/>
City & State/ZIP:						AC ()		Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC ()						If supervisory, number of employees you supervised:		Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial <input type="checkbox"/>	
						\$	Supervisory/Managerial <input type="checkbox"/>	

Summary of experience:

Specific reason for leaving: