Refer to Section {B}
{Personnel}Unit

Procedure for {B 2 – American Disabilities Act (ADA)}

1. College officials shall base employment decisions on the principles of equal employment opportunity and non-discrimination. The American Disabilities Act (ADA) protects disabled individuals from discrimination and requires covered employers to accommodate "qualified individuals with a disability" unless the accommodation would impose an undue hardship on the employer.

2. The ADA defines a "qualified individual with a disability as an individual with a disability who can, with or without reasonable accommodation, perform the essential functions of the job that such individual holds or desires.

3. Reasonable accommodation is defined as:
   a. any modification or adjustment to a job application process that enables a qualified individual with a disability to be considered for the position the qualified individual desires; or
   b. any modification or adjustment to the work environment or to the manner or circumstances under which the position held or desired is customarily performed, that enables an applicant or employee to perform the essential functions of that position.

   Reasonable accommodation may include any of the following:
   a. making existing facilities used by the employee readily accessible to and usable by individuals with disabilities;
   b. job restructuring;
   c. initiating part-time or modified work schedules;
   d. acquiring or modifying equipment or devices;
   e. appropriately adjusting or modifying employment examinations, training materials or local practices;
   f. providing qualified readers or interpreters;
   g. reassigning or referring a disabled individual to an active vacant position if all attempts to implement other reasonable accommodations have been unsuccessful.

4. In the event that needs for accommodation or other questions concerning rights under the law arise for faculty, staff, students or visitors, the vice president for business affairs will be contacted.

5. Prospective students will complete the Application for Admission form indicating any physical condition requiring special accommodations. Prior to application approval, the vice president for business affairs will determine if necessary accommodations are reasonable. If required accommodations are approved, the application will be sent to the vice president and dean of enrollment and the director of student affairs for final processing.

6. If accommodations required by the prospective student are not reasonable and cause unusual hardship to the college, the vice president for business affairs and the vice president for student affairs and enrollment services will discuss and come to final agreement on the application.

7. Period education and training concerning the law will be scheduled by the vice president for business affairs.

Midway College has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

Complaints are to be addressed to the Human Resources Director as the acting EEO Officer to coordinate ADA compliance efforts.

The following criteria must be followed when filing a complaint:

1. A complaint shall be filed in writing with the EEO Officer. It must contain the name and address of the person(s) filing it and briefly describe the alleged violation. Use Grievance Procedure Form as follows.

2. A complaint shall be filed within 20 calendar days after the date of the alleged violation.

3. The EEO Officer will initiate an investigation to determine the validity of the complaint, and in appropriate cases, suggest a resolution.

4. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the EEO Officer and forwarded to the complainant within 15 calendar days of receipt of the complaint.

5. If the complainant is not satisfied with the decision of the EEO Officer, the individual may file a written request for an appeal stating specific reasons for the appeal. The written appeal is made to the chair of the ADA Policy Committee within 10 calendar days of the receipt of the determination statement from the EEO Officer. Within 10 calendar days of receipt of the request for appeal, the Chair of the ADA Policy Committee shall name a Grievance Committee for the appeal and set the date for the hearing. The Grievance Committee shall include representatives from the faculty, staff and administration. Within 7 calendar days from the close of the hearing, the Grievance Committee shall make its decision known to the chair of the ADA Policy Committee. The chair of the ADA Policy Committee shall inform the individual in writing of the decision of the committee. The decision of the committee is final.

6. The ADA Coordinator/EEO Officer (Director of Human Resources) shall maintain all records related to the complaint.

MIDWAY COLLEGE
Office of Academic Affairs
512 E. Stephens Street
Midway, KY 40347
(859) 846-5351

REASONABLE ACCOMMODATION BASED ON DISABILITY
REQUEST FORM

The Americans with Disabilities Act of 1990 (ADA) and Section 504 Rehabilitation Act of 1973 makes it unlawful to discriminate in employment and in service against a qualified individual with a disability. To be protected under the ADA, an individual must have, have a record of, or be regarded as having a substantial (as opposed to a minor) impairment. A substantial impairment is one that significantly limits or restricts a major life activity. All persons who have self-identified with a documented disability are provided reasonable accommodations.

Individual Requesting/Needing Reasonable Accommodations: (Type or Print)

Name: _____ Date: _____

Address: _____

_____ Telephone: _____

Nature of Disability: _____

Essential Functions: _____
_____

Marginal Functions: _____
_____

Evidence or documentation to support the need for an accommodation based on disability: (to be supplied by individual requesting accommodation)

_____	Individual's Physician	_____	Occupational Therapist
_____	Individual's Counselor	_____	Physical Therapist
_____	Vocational Rehab Counselor	_____	Other

PROCEDURES FOR STUDENTS REQUESTING ACCOMMODATIONS

The Americans With Disabilities Act went into effect for Midway College on July 26, 1992. The college follows the general provisions of the law in accommodating its employees, students and campus visitors.

For students requesting accommodations for a disability, the following procedures must be followed:

1. Upon admission to the college, the student must submit to admissions or the academic dean's office the ADA Form 1 stating her request for a reasonable accommodation based on disability.

2. Concurrently, the student must complete ADA Form 2 granting permission to any agency or institution for release of records to Midway College.

Upon receipt of ADA Form 1 and the proper documentation, the academic dean will appoint a committee to develop a plan for meeting the needs of the student. The committee will be composed of the student's advisor, faculty members having the student in class, the ADA coordinator and the student. The committee will convene each semester to determine reasonable accommodations to be provided by the college. The committee will complete ADA Form 3 stating which accommodations were selected as reasonable. At the end of the semester or at the beginning of the next semester, the committee will meet to determine the progress of the student will be evaluated.

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REASONABLE ACCOMMODATION BASED ON DISABILITY
REQUEST FORM

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Individual Requesting/Needing Reasonable Accommodations: (Type or Print)

Name: _____ Date: _____

Address: _____

_____ Telephone: _____

Nature of Disability: _____
_____

Essential Functions: _____
_____

Marginal Functions: _____
_____

Evidence or documentation to support the need for an accommodation based on disability: (to be supplied by individual requesting accommodation)

_____ Individual's Physician
_____ Individual's Counselor
_____ Vocational Rehab Counselor
_____ Occupational Therapist
_____ Physical Therapist
_____ Other

MIDWAY COLLEGE
Office of Academic Affairs
512 E. Stephens Street
Midway, KY 40347
(859) 846-5351

RELEASE OF RECORDS

I hereby grant permission for the following agency/institution/office to release the records of the stated individual for the purpose of providing the appropriate accommodations and services for the individual. (Please print or type) It shall be understood that a photocopy of this document shall be considered legal by all parties.

Institution/Agency/Office:_____

Address_____

Phone_____

Release records of _____

Address_____

Phone_____

Legal Guardian of Individual_____

Address_____

Phone_____

_____ _____
Signature of Individual whose records are to be released, if individual is a legal adult. Date

_____ _____
Signature of Legal Guardian, if individual is not a legal adult. Date

MAIL RECORDS:
MIDWAY COLLEGE
ATTN:ADA Coordinator/EEO Officer

MIDWAY COLLEGE
Office of Academic Affairs
512 E. Stephens Street
Midway, KY 40347
(859) 846-5351

DISPOSITION OF REQUEST FOR ACCOMMODATIONS

Date of Meeting:_____ Place of Meeting: _____

Meeting attended by: _____
_____

Accommodation (s) identified by the individual were: _____
_____

Following discussion by the committee members, the following accommodation(s) were selected as reasonable:

Accommodation/modification: _____
_____
_____
_____
_____

Signatures of individuals attending meeting:

_____ _____

_____ _____

_____ _____

The selected accommodation(s) have been discussed with the individual requesting accommodations and the implementation of the accommodations explained to the individual.

The accommodations to my request have been presented and explained to me.

_____ _____
Signature of individual requesting accommodations Date

ADA FORM 5

MIDWAY COLLEGE
Office of Academic Affairs
512 E. Stephens Street
Midway, KY 40347
(859) 846-5351

RELEASE OF RECORDS FOR ACADEMIC PURPOSES

I hereby grant permission for Midway College to release the records of the stated individual for academic purposes so that outside agency/employment may provide the appropriate accommodations and services for the individual. (Please print or type) It shall be understood that all parties shall consider a photocopy of this document legal.

- Course in which student is enrolled: _____

Name of Placement/Employment:_____

Address_____

Phone_____

Release records of_____

Address_____

Phone_____

Legal Guardian of Individual_____

Address_____

Phone_____

_____ _____
Signature of Individual whose records are to be released, if individual is a legal adult. Date

_____ _____
Signature of Legal Guardian, if individual is not a legal adult. Date

MAIL RECORDS:
MIDWAY COLLEGE
ATTN: ADA Coordinator/EEO Officer
ADA GRIEVANCE FORM

MIDWAY COLLEGE

Name:_____

Address:_____

Phone: ( )_____

Please provide a complete description of your grievance.

Complaint:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please attach additional pages as needed.

Signature:_____ _____
Date

Please return this completed form to the ADA Coordinator/EEO Officer in Pinkerton Hall.

Upon request, for persons with disabilities, assistance will be provided in completing this form.