

Reasonable Accommodation Policy

Scope: CITYWIDE

Policy Contact:

Department of Human Resources

(916) 808-5731

humanresources@cityofsacramento.org

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Supersedes:

Reasonable Accommodation Policy (API #11) (11/30/1999)

Reviewed/Effective:

08/01/2025

I. Policy

It is the policy of the City of Sacramento to provide equal employment opportunities to all qualified applicants and employees and provide a work environment free from discrimination on the basis of physical or mental disabilities and/or medical conditions in compliance with the Americans with Disabilities Act (ADA), California's Fair Employment and Housing Act (FEHA), and all other applicable laws. This policy applies to all employment policies and practices, including recruitment, hiring, selection, training, assignment, promotion, demotion, layoff, termination, leave of absence, compensation, transfer, benefits, education, and all other employment-related activities. The City also provides reasonable accommodation to qualified individuals on the basis of disability in its City services, programs, and activities.

II. Definition of a Reasonable Accommodation:

- An employment related reasonable accommodation is any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a physical or mental disability or medical condition to participate in the application process or to perform the essential job functions of their job.
- A City service, program, or activity related reasonable accommodation is any modification or adjustment to a policy, program, service, activity, or facility that will allow a qualified individual with a physical or mental disability or medical condition to fully participate in a program, activity, or take advantage of a City service.
- The provision of a reasonable accommodation removes barriers for qualified individuals with physical or mental disabilities or medical conditions which prevent or limit the application process, recruitment, employment and upward mobility of a qualified individual with a disability or prevents their participation in a program, activity, or event.
- Examples of reasonable accommodation may include:
 - Making facilities accessible and usable
 - Modifying how work assignments are performed
 - Modifying work schedules
 - Implementing flexible leave policies
 - Reassignment to a vacant position
 - Providing assistive equipment at City programs
 - Modifying employment testing, training materials, and policies
 - Providing qualified readers or interpreters

III. Scope and Purpose

A. Scope:

This policy provides guidance and the procedure through which individuals may formally request reasonable accommodation and the manner in which departments should consider and review those requests.

B. Purpose:

This policy is intended to assist applicants for employment, current employees, individuals desiring to participate in City programs or activities, and department supervisors and managers in requesting and processing reasonable accommodation requests. It covers the following:

- Guidelines for filing a Request for Reasonable Accommodation.
- Guidelines for considering and evaluating a Request for Reasonable Accommodation.
- The appeal process.

IV. Reasonable Accommodation Requests Related to City Employment

A. Filing a Request for Reasonable Accommodation

1. Any applicant for employment, current employee, or their representative, may request reasonable accommodation. The applicable department or the City's ADA and Leave Administration Office shall provide individuals who are requesting an accommodation with a Reasonable Accommodation Request Form (Attachment 1). It is the responsibility of the requester to complete the form in full and submit the form to the appropriate party within the employee's department and/or the ADA and Leave Administration Office. Department Management may grant temporary reasonable accommodation when requested by employees. The employee shall be provided a Reasonable Accommodation Request Form by their supervisor to submit. No accommodation will be granted without the submission of the form. In all cases, the employing department's response either accepting or rejecting the temporary reasonable accommodation must be forwarded to the ADA and Leave Administration Office immediately, but no later than the next business day.
 - a. In some circumstances, an employee may simply mention to a supervisor that their medical condition could be impacting them at work. In these circumstances, it is department management's responsibility to contact the City's ADA and Leave Administration Office immediately, but no later than the next business day. The department, ADA and Leave Administration Office, and the City's Labor Relations Manager are available as resources in the preparation, explanation, and dissemination of reasonable accommodation information or technical assistance.

2. A completed Reasonable Accommodation Request Form must include the following:
 - a. Name, job title, department, telephone number, and email address of the individual requesting accommodation.
 - b. The specific functional limitation(s)/ work restriction(s), the accommodation requested, and an explanation of how the accommodation will allow the performance of the essential functions of the position or the participation in a program or activity. Medically confidential information pertaining to specific diagnosis, treatment, or condition is not required.
 - c. Verification of the existence of the mental or physical disability/medical condition and specific limitations by the requester's health care provider may be required.

B. Review of Requests for Reasonable Accommodations

1. Pursuant to the ADA and FEHA, the City will review all requests for reasonable accommodation and engage in a timely, good faith, interactive process with qualified individuals with physical or mental disabilities/medical conditions. Every reasonable effort will be made to ensure confidentiality during this process.
 - a. The determination whether to provide a requested accommodation is made on a case-by-case basis. This is an individual interactive process through which the department, ADA and Leave Administration Office, and the qualified individual discuss reasonable accommodation solutions in good-faith. Consideration should be given to the preferences of the individual requesting accommodation when deciding on which accommodation option(s) to implement; however, the City has the ultimate discretion to choose between effective accommodation solutions.
 - b. The City may not compel an individual with a physical or mental disability to use an accommodation that is not necessary to perform the job.
2. In considering a request for accommodation, a department will notify the ADA and Leave Administration Office of the request, and complete the Reasonable Accommodation Review Form (Attachment 3). The following factors must be considered when reviewing a request for accommodation:
 - a. The essential functions of the job.
 - b. Identification of the employee or applicant's limitations stemming from their physical or mental disability/medical condition, and how their limitations impact their performance of the essential functions of the job.
 - c. Identify accommodation options that best mitigate the impacts of the limitations and determine the effectiveness and feasibility of the proposed reasonable accommodation options

- d. Consider the requester's preference for accommodation, however, pursuant to the ADA, it is the City that ultimately selects the reasonable accommodation that is most appropriate for the requester and the department.
3. If the request is approved, the employee's Department Head or department representative will notify the requester and make the necessary implementation arrangements. If the request is denied, the requester may appeal to the Labor Relations Manager within thirty (30) calendar days; refer to Appeal Process below.

The City is required to apply the provisions of this reasonable accommodation policy in a timely manner to all qualified individuals.

If a department reviews and approves the request for accommodation, it shall provide the accommodation without undue delay.

C. Appeal Process

1. City/department decisions on reasonable accommodation may be appealed to the Labor Relations Manager. The appeal must be submitted within thirty (30) calendar days from the date of notification by the City/department. The Labor Relations Manager shall review the matter and inform all parties of their decision. The Labor Relations Manager will be provided all necessary information to facilitate this review.
2. The decision of the Labor Relations Manager may be appealed to the City Manager. All appeals must be in writing and submitted within five (5) calendar days of notification of decision by the Labor Relations Manager. Upon notification, the Labor Relations Manager shall forward all related documents to the City Manager. The decision of the City Manager is the final internal appeal.

V. Reasonable Accommodation Requests Related to Public Meetings

Any member of the public, or their representative, may request reasonable accommodation for public meetings, including Council meetings. Disability-related accommodation requests, including requests for agenda materials in an alternative format, or auxiliary aids to participate in the meeting, can be made verbally or in writing by contacting the Office of the City Clerk at least seventy-two (72) hours before the date of the public meeting.

Office of the City Clerk
915 I Street, New City Hall, Fifth Floor
Sacramento, CA 95814
Phone: (916) 808-7200
Email: clerk@cityofsacramento.org

VI. Reasonable Accommodation Requests Related to City Services, Programs, or Activities

A. Filing a Request for Reasonable Accommodation

1. Any individual participating in a City service, program, or activity, or their representative, may request reasonable accommodation. The applicable department shall provide individuals requesting an accommodation a Reasonable Accommodation Request Form – Programs (Attachment 2). It is the responsibility of the requester to complete the form in full and submit the form to the department representative responsible for the service, program, or activity.
 - a. Individuals seeking, or departments wanting to provide, an informal reasonable accommodation may do so. The individual shall be provided a Reasonable Accommodation Request Form - Programs by the department to submit a formal request if the informal request is rejected by the department. If an informal request is granted, documentation of the request and the resolution must be maintained by the department.
 - b. The responsibility for requesting the reasonable accommodation rests primarily with participant. The department or ADA and Leave Administration Office are available as resources in the preparation, explanation, and dissemination of reasonable accommodation information or technical assistance.
2. A completed Reasonable Accommodation Request Form – Programs must include the following:
 - a. Name, address, and telephone number of the individual requesting accommodation.
 - b. The specific functional limitation(s)/restriction(s), the accommodation requested, and an explanation of how the accommodation will allow the participation in a program or activity. Information regarding specific diagnosis, treatment, or condition is not required.
 - c. Verification of the existence of the disability/medical condition and specific limitations by the requester's health care provider may be required.

B. Review of Requests for Reasonable Accommodations

1. Pursuant to the ADA, the City will review all requests for reasonable accommodation and engage in a timely, good faith interactive process with qualified individuals with disabilities/medical conditions. Every reasonable effort will be made to ensure confidentiality during this process.
2. The determination whether to provide an accommodation is made on a case-by-case basis. This is an individual interactive process through which the department, the ADA

- and Leave Administration Office, and the qualified individual discuss reasonable accommodation solutions in good-faith. Consideration should be given to the preferences of the individual requesting accommodation when deciding on which accommodation option(s) to implement; however, the City has the ultimate discretion to choose between effective accommodation solutions.
3. A department may not compel an individual with a disability to use an accommodation that is not necessary to participate in the service, program, or activity.
 4. In considering a request for accommodation, a department will complete the Reasonable Accommodation Review Form (Attachment 3). The following factors must be considered when reviewing a request for accommodation:
 - a. Analyze the activity to determine the essential functions.
 - b. Identification of the participants' limitations stemming from their disability/medical condition, and how their limitations impact their ability to participate.
 - c. Identify accommodation options that best mitigate impacts of the limitations and determine the effectiveness and feasibility of the proposed reasonable accommodation options.
 - d. Considering the requester's preference, the City selects the reasonable accommodation most appropriate for the requester and the department.
 5. If the request is approved, the Department Head or department representative will notify the requester and make the necessary implementation arrangements. If the request is denied, the requester may appeal to the City Manager within thirty (30) calendar days; refer to Appeal Process below.

The City is required to provide timely reasonable accommodations to all qualified individuals in accordance with this policy. If a department reviews and approves the request for accommodation, it shall provide the accommodation without undue delay.

C. Appeal Process

Department decisions on reasonable accommodation may be appealed to the City Manager. All appeals must be in writing and be submitted within thirty (30) calendar days from the date of notification by the department. The City Manager shall review the matter and inform all parties of their decision. The department will provide all necessary information to facilitate this review. The decision of the City Manager is the final internal appeal.

VII. Records Retention

All written requests received by the ADA and Leave Administration Office, appeals to the Labor Relations Manager and/or City Manager or their designee, and the responses from the three offices will be retained by the City for a minimum of three (3) years.



Charter Officer Review and Acknowledgement

REASONABLE ACCOMMODATION POLICY

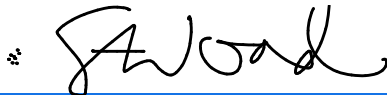
(Signature by all Charter Officers is not a requirement for policy adoption)

A handwritten signature in blue ink, appearing to read "L. Milstein".

[Leyne Milstein \(Aug 14, 2025 13:56:51 PDT\)](#)

City Manager

08/14/2025

A handwritten signature in blue ink, appearing to read "S. Alcala Wood".

[Susana Alcala Wood \(Sep 10, 2025 17:18:35 PDT\)](#)

City Attorney

09/10/2025

A handwritten signature in blue ink, appearing to read "Mindy Cuppy".

City Clerk

09/11/2025

A handwritten signature in blue ink, appearing to read "John P. Corbett".

City Treasurer

08/14/2025

A handwritten signature in blue ink, appearing to read "Farishta Ahrary".

City Auditor

08/15/2025

Request for Reasonable Accommodation Form

The Americans with Disabilities Act (ADA) and California Fair Employment and Housing Act (FEHA) require employers to provide reasonable accommodation for qualifying individuals with physical or mental disabilities or medical conditions to perform the essential functions of their job unless it would cause an undue hardship on the employer or impose a direct threat on the employee or others.

EMPLOYEE INFORMATION			
Employee Name:		Job Title:	
Employee ID:			
Department:	Division:	Work Location:	
Telephone #:	Email:	Supervisor Name:	
ACCOMMODATION(S) REQUESTED			
<i>Be as specific as possible, for example adaptive equipment, reader, interpreter, training, schedule change, etc.:</i>			
REASON(S) FOR REQUEST			
<i>Do not disclose any medically confidential information pertaining to your diagnosis, treatment, or condition; explain only your work restrictions/functional limitations, their impact on your ability to perform your essential job duties, and how this accommodation may help you perform the essential functions of your job. You must also submit a work status note from your health care provider listing your work restrictions/functional limitations.</i>			
Duration of Limitation: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown		Anticipated Recovery Date (if any):	
ADDITIONAL INFORMATION			
Is the above-described disability the subject of a workers' compensation claim? <i>Employees with work-related injuries may also be eligible for a reasonable accommodation independent of the workers' compensation process.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes – Date Filed:			
Have you requested FMLA, CFRA, PDL, or other leave for the above-described disability? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify what you requested and when:			
EMPLOYEE CERTIFICATION			
I certify that I have a disability/medical condition that is impacting my ability to perform my essential duties, and I am requesting reasonable accommodation, including consideration of requested accommodation(s) listed above.			
Employee Signature:			Date:

Request for Reasonable Accommodation Form- Programs

The Americans with Disabilities Act (ADA) requires the City to provide reasonable accommodation for qualifying individuals with disabilities to allow participating in services, programs, or activities unless it would cause an undue hardship on the City or impose a direct threat on the participant or others. This form and any supporting documentation or information is confidential.

REQUESTOR INFORMATION				
Name:		Program/Activity Name:		
Program/Activity Location:		Telephone #:	Email:	
Requestor Mailing Address:			City:	State: Zip Code:
ACCOMMODATION(S) REQUESTED				
<i>Be as specific as possible, for example adaptive equipment, reader, interpreter, etc.:</i>				
REASON(S) FOR REQUEST				
<i>Do not disclose any medically confidential information pertaining to your diagnosis, treatment, or condition; explain only your limitations, their impact on your ability participate in the program or activity, and how this accommodation may help with your participation.</i>				
Duration of Limitation(s): <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			Requested Dates of Accommodation:	
CERTIFICATION				
I certify that I have a disability/medical condition that is impacting my ability to participate in the above listed program or activity, and I am requesting reasonable accommodation, including consideration of requested accommodation(s) listed above.				
Signature:			Date:	

Review of Reasonable Accommodation Request Form

This form is to be completed in full by the department and returned to the ADA and Leave Administration Office

REQUESTOR INFORMATION		
Requestor Name:		Type of Reasonable Accommodation: <input type="checkbox"/> Employee <input type="checkbox"/> Applicant <input type="checkbox"/> Program/Activity
Department/Division Request Received By:		Date Request Received:
REQUEST REVIEW		
List the restrictions/functional limitations provided (attach any health care provider notes given):		
Describe the accommodation being requested:		
List the essential functions of the job or program/activity impacted by the restrictions/limitations:		
Can the requestor perform the essential functions of the job or participate in the program/activity when provided the requested reasonable accommodation? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If no, list the essential functions unable to be performed:		
If the requested accommodation does not enable the performance of the essential functions, list alternative options that overcome the restrictions/limitations and that do not impose an undue hardship on the City:		
What steps were taken to determine the effectiveness and feasibility of the proposed accommodation(s)?		
REASONABLE ACCOMMODATION DETERMINATION		
Request for reasonable accommodation: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED		
If granted, indicate what accommodation will be provided and the duration of the accommodation. If denied, explain the rationale for this decision:		
CERTIFICATION		
Accommodation Reviewed By (name):		Job Title:
Department Head/Division Manager Signature:		Date: