

DISABILITY INCLUSION AND ACCESSIBILITY FOR OHIO EXPOSITIONS COMMISSION EMPLOYEES AND APPLICANTS

PURPOSE

To establish standards and guidelines for those seeking and obtaining reasonable accommodations to successfully carry out the essential duties of a job, obtain employment and/or gain public access. These guidelines are to ensure all are afforded equal employment opportunities and equal access for Americans with disabilities when applying for employment for or working at the Ohio Expositions Commission (EXP).

APPLICABILITY

This policy applies to persons employed by the Ohio Expositions Commission (EXP), EXP applicants, contractors, volunteers, and individuals desiring to gain public access for EXP meetings, trainings, hosted events, etc.

POLICY

It is the responsibility of the Ohio Expositions Commission (EXP) to assure that equal employment opportunities exist for all positions without regard to disability. Discrimination against qualified individuals with disabilities that are employment seeking applicants, employees and employment related activities, and employees with disabilities is not tolerated at the Ohio Expositions Commission. EXP is dedicated to providing reasonable accommodation(s) for any and all employees who have disabilities. EXP prohibits discrimination in public access for individuals with disabilities. The Ohio Expositions Commission complies with all federal, state, and local laws regarding disability discrimination and accommodations.

PROCESS

EXP will provide an accessible and inclusive environment for all state employees, all applicants for state employment, and all people gaining public access to the EXP facilities for meetings, trainings, and EXP sponsored events. EXP will provide reasonable accommodation(s) based on disability for employees, qualified applicants for employment with EXP, and the public, unless such accommodation(s) would cause an undue hardship to the agency or, when any person shows a direct threat to the health, safety, or well-being of themselves or to others.

To request a reasonable accommodation (RA):

1. Employees:

- a. It is the responsibility of the employee with a disability to notify EXP that reasonable accommodation (RA) is needed.
- b. Employees may either contact the Human Resources department director/EEO officer, Jo Ellen Albanese either in person at the Human Resources office in the Administration building at Ohio Expositions Commssion, 717 E. 17th Avenue, Columbus, OH 43211, by email at j.albanese@expo.ohio.gov, or by phone at 614-644-4015.
- c. Upon request of an RA, the employee must complete the Reasonable Accommodation Request form provided by Human Resources director/EEO officer, Jo Ellen Albanese OR download the form from their employee handbook, https://www.ohioexpocenter.com/p/about/employee-handbook.
- d. Applicants applying for an RA must also supply the Human Resources department director/ EEO officer with proper medical documentation when requested. The Certification of Health Care Provider for Reasonable Accommodation form is provided at time of requesting the Reasonable Accommodation Request form OR downloadable from their employee handbook, https://www.ohioexpocenter.com/p/about/employee-handbook.
- e. Completed forms must be submitted before the review process for eligibility begins by the Human Resources director/EEO officer. Failure to submit requested medical documentation may result in denial of reasonable accommodation (RA) request.
- f. Someone other than the employee with the disability may request reasonable accommodation (RA) on behalf of the employee if all appropriate requested documentation is submitted. Whenever possible, such requests shall be confirmed with the employee.

2. EXP Hosted Meetings, Trainings, Events:

- a. All employees and the public visiting the Ohio Expositions Commission for EXP hosted meetings, trainings and/or events must be provided with written notice on how to request ADA reasonable accommodation (RA).
- b. EXP hosted meeting(s), training(s) and/or event(s) organizers will provide advance notice to inform individuals how to request ADA reasonable accommodation (RA). The organizer of said meeting(s), training(s) and/or event(s) shall include their information as stated below and will work with the EXP EEO Officer to facilitate the requested RA(s).
 - i. EXP offered or mandatory Trainings or Meetings
 The following language shall be included in training or meeting communications:
 "The Ohio Expositions Commission is a disability inclusive agency within the
 State of Ohio. We promote access to our meetings and training. To request a
 reasonable accommodation due to disability, please contact Jo Ellen Albanese,
 Human Resources Director/EEO Officer at 614-644-4015 or
 j.albanese@expo.ohio.gov as soon as possible. Requests made ten (10) business
 days prior to the training or meeting will allow us to provide reasonable access,
 but the Ohio Expositions Commission will make every effort to meet requests
 made after that date.
 - ii. EXP offered Events
 The following language shall be included in EXP offered events
 communications: "The Ohio Expositions Commission is a disability inclusive
 agency within the State of Ohio. We promote access to our EXP hosted events.

To request a reasonable accommodation due to disability, please contact: {organizer's name, title} at {telephone number} or {email address}."

- iii. If any EXP employee requires assistance to receiving a reasonable accommodation (RA), contact the Human Resources Director/EEO Officer at j.albanese@expo.ohio.gov no later than ten (10) business days prior to the date needed.
- iv. EXP does not provide any reasonable accommodation(s) that would cause undue hardship to the Ohio Expositions Commission or is deemed a threat to the health and safety of all employees in the workplace.

3. Management Responsibility

- a. Requests for reasonable accommodation(s) that have been requested of the employee to their supervisor, either verbally or written, MUST be submitted to EXP HR director/EEO Officer immediately upon receipt of notification. Failure of a supervisor to notify the HR Director/EEO Officer of any request withing one (1) business day may result in disciplinary action.
- b. The HR Director/EEO Officer will determine if the reasonable accommodation (RA) request is qualified pursuant to the American with Disabilities Act (ADA). Medical documentation MAY be requested when making a determination. EXP MAY request medical documentation regarding:
 - The nature, severity, and/or duration of the employee's disability/impairment.
 - The functions that the disability/impairment limits.
 - To what extent the disability/impairment limits the employee's ability to perform their duties.
 - Why the individual may require the reasonable accommodation requested and how the RA will assist the individual to apply for a job, perform their job duties, or enjoy any benefit or activity in the workplace.
- c. If the medical documentation submitted by the employee does not clearly explain the nature of the disability/impairment, the need for a reasonable accommodation, or does not clearly identify how the reasonable accommodation requested will aid the employee to perform job duties and essential functions of the job, EXP may require the employee to provide supplemental medical documentation.
- d. EXP may choose to hire a medical expert, at the agency's expense, to review the employee's medical documents.
- e. If the submitted supplemental medical documentation proves to be insufficient when making a determination that said disability/impairment does require a reasonable accommodation (RA), it is the responsibility of the HR Director/EEO Officer to explain to the employee that the medical documentation provided is insufficient, explain exactly what information is needed, and allow the employee to deliver said information. If the employee does not provide the information or is unable to provide the information, the employee may be disqualified, and the request may be closed. However, the employee may also request additional services at any time by contacting the HR Director/EEO Officer.

- f. EXP may not request medical information where the impairment/disability and the need for a reasonable accommodation (RA) are obvious or if the employee has successfully provided EXP with sufficient information that documents the disability/impairment and their limitations.
- g. Evaluation of and Eligibility Determination for Reasonable Accommodation
 - 1. EXP HR Director/EEO Officer shall review all documentation and make the eligibility determination.
 - 2. If an employee is determined to be ineligible for an RA as defined by the ADA, the employee shall be notified in writing.
 - 3. All medical documentation of any/all employees provided for purposes of ADA consideration is kept confidential in the HR Director/EEO Officer's office under lock and key. This documentation is kept separate from their employee personnel files. Any medical documentation/information will only be shared with appropriate parties as described under Title I of the American with Disabilities Act (ADA).

h. Eligible Determination

- 1. The EXP Human Resources/EEO Officer will conduct an initial interactive meeting with the employee, the employee's direct supervisor, and the director of their department to discuss RA options.
- 2. Should technical assistance or IT assistance be required, professionals may be consulted to aid in the decision-making process of what technology will be conducive for the RA.
- 3. EXP Finance Manager may be consulted to determine if the RA is feasible for the agency.
- 4. OCB (Office of Collective Bargaining) may be consulted to ensure that the RA does not violate any applicable collective bargaining agreements.
- 5. Consideration will be given to the employee's preference of potential RA, but (by ADA requirements) EXP is not required to provide the employee's preference of RA if another RA can be provided that will allow the employee to effectively perform the essential duties of the job.
- 6. EXP will notify the employee of the RA that has been identified. If the employee accepts the determination, the RA shall be implemented. The HR Director/EEO Officer will notify the employee with a written notice of approval as well as the employee's supervisor and department director.
- 7. If the employee refuses an approved RA and, as a result, cannot perform the essential job duties, the employee may be considered not qualified for the position.
- 8. If the RA cannot be implemented due to the reasons listed below, the employee will be

notified in writing. Criteria may include, but is not limited to:

- i. an RA cannot be identified;
- ii. the employee refuses to accept the one offered by EXP;
- iii. the requested RA presents an undue hardship to the agency.
- 9. Evaluation of Implementation of Reasonable Accommodation
 - a. The employee and their supervisor will collectively evaluate the effectiveness of the RA with the employee's performance of essential job duties.
 - b. If the RA is determined to be successful, the RA request will be closed.
 - c. If the RA is determined to be unsuccessful, the HR Director/EEO Officer will work with the employee, reevaluate, and search for suitable RA options.
 - d. If the employee's condition/limitation changes and affects the RA request or RA in place, the employee is to notify EXP HR Director/EEO Officer to assure that all RA requests are addressed timely and appropriately.
- 10. If no reasonable accommodation will allow the employee to perform their essential job duties, the agency may consider lateral transfers within the state, or demotions, in accordance with the provision of any applicable collective bargaining agreement (eg. OCSEA). If no such positions exist or there are no open positions, the employee may be referred for disability separation pursuant to OAC 123:1-33.
- 11. No employee shall face retaliation for requesting reasonable accommodation (RA).
- 12. The ADA requirements for reasonable accommodation (RA) shall not prevent an employer from providing accommodation beyond what is required by the ADA at the employer's election. For example, while not all medical conditions are not covered by the ADA, EXP HR Director/EEO Officer shall work with the requesting employee's supervisor and department director to research and experiment with short term solutions for some medical conditions.
- 13. EXP will conduct a self-evaluation, pursuant to Title II of the American with Disabilities Act (ADA), to gauge our facilities, services, activities, policies, and practices and identify and correct any barriers for all people with disabilities/impairments.

DISCRIMINATION GRIEVANCE RIGHTS

a. If an employee or applicant believes that they have been discriminated against because of a disability, they have the right to file a complaint with the EXP HR EEO Officer and/or the Ohio Department of Administrative Services, Office of Opportunities and Accessibility (DAS/O&A). The employee or applicant has 30 days to file with either.

- b. If the employee believes that they have been discriminated against because of a disability, they have the right to file a complaint with the Ohio Civil Rights Commission (OCRC) or the federal Equal Employment Opportunity Commission (EEOC). An employee has two (2) years to file a claim alleging discrimination with the OCRC and 300 days to file with the EEOC.
- c. Refer to the Ohio Expositions Commission Anti-Discrimination and Anti-Harassment Policy located in the Ohio Expositions Commission Employee manual for additional guidance.

TRAINING

- **a.** All newly hired EXP employees MUST complete Disability Etiquette and Awareness training in the Ohio Learn module within 30 days of their start date.
- **b.** All EXP department supervisors are required to ensure that all their designated staff review and acknowledge the EXP ADA policy on an annual basis.
- **c.** EXP HR department will ensure that all employees participate in annual disability etiquette and ADA training throughout their employment with the Ohio Expositions Commission.

DEFINITIONS

Accessibility – Compliance with access guidelines required under the ADA and any other applicable federal or state law, including executive orders.

Direct Threat – When there is significant risk of substantial harm to the health or safety of the individual employee with a disability or others.

Disability – A physical or mental impairment that substantially limits one or more of the major life activities that include but are not limited to walking, breathing, seeing, hearing, etc.

Essential Duties – Those job duties that are so fundamental to the position that the individual holds or desires that he or she cannot do the job without performing them. A function may be essential if, among other things, the position exists specifically to perform that function; there are a limited number of other employees who could perform the function; or the function is specialized, and the individual is hired based upon his or her ability to perform it.

Interactive Process – The Interactive Process is used to determine whether an effective and reasonable accommodation is available for an employee or applicant under the ADA. The Interactive Process is required and simply means the employee or applicant with a disability and the employer work together to develop and discuss accommodations.

Qualified Individual with a Disability – An individual with a disability, who has the necessary skill, experience, education, and other job-related requirements of the employment position that the individual holds or desires, and with or without reasonable accommodation, can perform the essential functions of such position.

Reasonable Accommodation – Any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process or perform the essential functions of their position. There are three categories of "reasonable accommodations": a. modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; or b. modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position; or c. modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

Site Manager – Director (or designee) for Central Office, Superintendent for Institutions, or Regional Administrator for Regional Offices.

Undue Hardship –Undue hardship exists if an accommodation would be unduly costly, extensive, substantial, or disruptive, or would fundamentally alter the nature or operation of the business.

AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5139.01, which delegates to the Executive Director of the Ohio Expositions Commission the authority to adopt rules for the governance of the agency (EXP), the conduct of its commissioners and employees, the performance of its business, and the custody, use, and preservation of the department's records, papers, books, documents, and property.

RESOURCES

Document Name	Location
State of Ohio Administrative Policy HR- 14 Anti-Discrimination and Anti- Harassment Policy and Reporting Procedures	https://ohioexpocenter.s3.us-east- 2.amazonaws.com/policies/antidisc_har assment.pdf
Know Your Rights Poster	https://ohioexpocenter.s3.us-east- 2.amazonaws.com/policies/disability_in_ clusion_poster.pdf
Reasonable Accommodation Request Form	Attached
Certification of Health Care Provider for Reasonable Accommodation Form	Attached

REASONABLE ACCOMMODATION REQUEST

Please complete this form if you have a physical or mental health disability and need a reasonable accommodation to perform the essential functions of your position or to participate in the hiring process. Should you need any help completing this form, or if you have any questions about this form or the Ohio Expositions Commissions reasonable accommodation policy, please speak to Jo Ellen Albanese, Human Resource Director/EEO Officer 614-644-4015. This form should be returned directly to the Ohio Exposition Commission, 717 E. 17th Ave., Columbus Ohio 43211, Attention: Jo Ellen Albanese, Human Resources Director/EEO Officer. FOR CURRENT EMPLOYEES, THIS FORM SHOULD NOT BE RETURNED TO YOUR MANAGER OR TO ANYONE ELSE AT THE OHIO EXPOSITIONS COMMISSION.

EMPLO'	YEE/APPLICANT NA	ME:		
EMPLO'	YEE IDENTIFICATIO	ON NUMBER:		
DEPAR	ΓΜΕΝΤ:			-
LOCATION:				
POSITIO	ON:			
		ommodation(s) you are your needs, please descr		s more than one accommodation that nmodations.
c l	current employees, incl	lude a description of the explain how the reques	e essential functions o	re requesting an accommodation. For f your job that you currently are will enable you to perform those

En	nployee/Applicant Name:			
3.	For how long will the requested accommodation(s) be	needed.		
4.	Please attach to this form any documentation that you believe supports your need for the requested reasonable accommodation. Please also provide any other information that you believe is relevant to your request.			
certif	y that the information contained on this form and subm	itted with this form is true and correct.		
	Signature	Date Date		

PLEASE RETURN THIS FORM TO THE OHIO EXPOSITIONS COMMISSION, 717 E. 17TH AVE., COLUMBUS, OHIO 43211, ATTENTION: JO ELLEN ALBANESE, HUMAN RESOURCES DIRECTOR/EEO OFFICER. FOR CURRENT EMPLOYEES, DO NOT GIVE THIS FORM TO YOUR MANAGER OR TO ANYONE ELSE AT THE OEC AS IT MAY CONTAIN CONFIDENTIAL MEDICAL INFORMATION.

CERTIFICATION OF HEALTH CARE PROVIDER FOR REASONABLE ACCOMMODATION

Patient's Name:					
Date Condition Commenced:					
Pr	obable Duration of Condition:				
wc on	is certification will be used for the purpose of assessing whether your patient ould benefit from a reasonable accommodation within the workplace. Please because your patient's present abilities or limitations in performing the essential functions in as described to you.	oase your assessme			
1.	Does your patient have a disability? ¹	□ Yes □ No			
2.	If you answered "yes" to question #1, is your patient able to perform each of the essential job functions described <u>without</u> reasonable accommodation(s)?	□ Yes □ No			
3.	If you answered "no" to question #2, would your patient be able to perform each of the essential job functions described <u>with</u> reasonable accommodation(s)?	□ Yes □ No			
4.	4. If you answered "yes" to question #3, please provide the following information: a) state which essential function(s) of the job require an accommodation; b) for each such essential function, any recommendations you have for reasonable accommodation(s). If there is more than one recommended accommodation, please describe all possible accommodations; c) explain why the disability requires this accommodation to allow the employee to perform the essential function(s).		ie		
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Disability also means a physical disability, infirmity, malformation or disfigurement which is caused by bodily injury, birth defect or illness including epilepsy and other seizure disorders, and which shall include, but not be limited to, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment or physical reliance on a service or guide dog, wheelchair, or other remedial appliance or device, or any mental, psychological or developmental disability resulting from anatomical, psychological, physiological or neurological conditions which prevents the normal exercise of any bodily or mental functions or is demonstrable, medically or psychologically, by accepted clinical or laboratory diagnostic techniques.

¹ A disability is a condition that imposes a substantial limitation on a major life activity. By way of example, "major life activities" include, but are not limited to, standing, sitting, walking, lifting, talking, interacting with others, eating, breathing, hearing, seeing, speaking, working and learning.

Patient/Employee's Name:			
Print or type clearly the name and a	ddress of the Health Care Provider completing this form:		
Name:			
Address:			
Telephone:			
Facsimile:			
E-mail Address:			
Signature of Health Care Provider	Date		

THIS FORM SHOULD BE RETURNED DIRECTLY TO THE OHIO EXPOSITIONS COMMISSION AT 717 E. 17TH AVE., COLUMBUS, OHIO 43211, FAX NUMBER: 614-644-4031, ATTENTION: JO ELLEN ALBANESE, HUMAN RESOURCES DIRECTOR/EEO OFFICER. THIS FORM SHOULD NOT BE PROVIDED TO THE EMPLOYEE'S MANAGER OR TO ANYONE ELSE AT THE EMPLOYEE'S LOCATION OTHER THAN THE HR DIRECTOR/EEO OFFICER.