In accordance with the Americans with Disability Act of 1990 ("ADA"), it is the State of New Hampshire's policy to comply with all State and federal laws that require employers to ensure that persons with disabilities are given equal employment opportunities and to provide reasonable accommodations to qualified individuals with disabilities in all aspects of employment.

Below is the State of New Hampshire ADA Reasonable Accommodation Policy and a PowerPoint presentation about the ADA policy, along with template letters to be used as part of the interactive process between the state agency and the employee.

Policies

- ADA PowerPoint Presentation
- ADA Reasonable Accommodation Policy

Templates

- ADA Accommodation Agreed Agency Form Letter
- ADA Accommodation Denied Agency Form Letter
- ADA Accommodation Effective-Periodic Review Agency Form Letter
- ADA Accommodation Ineffective-Periodic Review Agency Form Letter
- ADA Alternative Accommodation Agreed Agency Form Letter
- ADA Employee Refused Accommodation Agency Form Letter
- ADA Medical Request Agency Form Letter.docx
- ADA Notice to Employee Agency Form Letter
AMERICANS WITH DISABILITIES ACT: POLICY UPDATE AND TRAINING

I. Welcome
Sara Willingham
Director
Division of Personnel

II. ADA Policy and Process Overview
Nancy I. Smith
New Hampshire Dept of Justice
Senior Assistant Attorney General

WHY ADA?
Attitude is Everything
- Legislating societal change
- History of perceptions about competency of those with disabilities
Do you see me or my disability?

Impact Of Attitude On How Compliance With Process Perceived
- Consider these two ways of asking the same question: to someone with an obvious disability:
  1. This job requires "X", can you do that?
  2. This job requires "X", will you need anything to perform these duties?
- Discussion:
  - Which conveys the more positive message?

Basic Policy
- Title I of the ADA - 42 USC Sect 12111 et seq.
- RSA 354-A:6
- The right to obtain employment without discrimination on the basis of physical or mental disability.
- Applies to both application process and employment after hiring.
Updated State Policy

- Why needed: In the last 3 years we at the DOJ have had more requests for assistance with personnel issues involving disabilities than with all other types of potential discrimination.
- Prior policy and materials substantively correct but could do better in ongoing nature of requirements.
- New Policy in your materials.

Highlights of Updates to Policy

- Updated citations and links to reference materials.
- More guidance in Section 7 on the agency responsibility in responding to a request for accommodation - "The Interactive Process".
- More guidance in Section 7 on when and how to obtain documentation for disabilities that are not obvious.
- A whole bunch of new forms - you will not use them all in every case, but we tried to create templates for most of the possibilities.

Interactive Process

- Ongoing - Disabilities come in many variations and levels of severity and are not always static.
  - Temporary
  - Permanent
  - Progressive - either temporary or permanent
  - Existing, sudden or gradual

Goals for Update

- Fairness - Compliance with the laws is not only required but the right thing to do.
- What will a reasonable accommodations be tailored to the facts.
- Documentation
  - When an employee claims a disability, it does not mean that they are exempt from further management or job performance expectations, but it does mean that you need to document the process.

Where do we start?
The "Dos and Don'ts" of Disability-Related Inquiries

Jill Perlows
New Hampshire Dept of Justice
Assistant Attorney General
EEOC Enforcement Guidance

- [https://www.eeoc.gov/policy/docs/guidance/e-inquiries.html](https://www.eeoc.gov/policy/docs/guidance/e-inquiries.html)

Why are we here?

- Historically, many employers asked applicants and employees to provide information concerning their physical and/or mental condition.
- This information often was used to exclude and otherwise discriminate against individuals with disabilities, particularly nonvisible disabilities, such as diabetes, epilepsy, heart disease, cancer, and mental illness, despite their ability to perform the job.

What did the ADA do?

- Prior to an offer of employment: the ADA prohibits all disability-related inquiries and medical examinations, even if they are related to the job.
- After an applicant is given a conditional job offer, but before s/he starts work: an employer may make disability-related inquiries and conduct medical examinations, regardless of whether they are related to the job, as long as it does so for all entering employees in the same job category.
- After employment begins: an employer may make disability-related inquiries and require medical examinations only if they are job-related and consistent with business necessity.

Who? All employees

- The ADA states, in relevant part:
  - A covered entity shall not require a medical examination and shall not make inquiries of an employee as to whether such employee is an individual with a disability or as to the nature and severity of the disability, unless such examination or inquiry is shown to be job-related and consistent with business necessity.
- The ADA's restrictions on inquiries and examinations apply to all employees, not just those with disabilities.
- Goal is to prevent employers from asking questions and conducting medical examinations that serve no legitimate purpose.

But what does this mean at the office?

Two ways this presents in the office:

1) Employee requests an accommodation.

OR

2) Something else - those not so clear "gray" areas when we get tongue tied and do not know what we can say/do.

Starting the Conversation: Do What You Know

- Questions that are not likely to elicit information about a disability are not disability-related inquiries, and, therefore, are not prohibited under the ADA.
When can I ask about a disability?  

**DONT**
- Ask questions about a disability out of the blue.
- Ask an employee whether she has a disability.
- Ask an employee whether the performance of an essential function is impaired by a disability.
- Ask an employee whether she has a disability that impacts her performance.
- Ask an employee whether the performance of an essential function is impaired by a disability.

**DO**
- Ask an employee whether she has a disability if the individual is a qualified individual with a disability and the individual:  
  - Has an obvious physical or mental impairment, or  
  - Has an obvious physical or mental impairment and the employer has direct knowledge of it.

Reasonable Belief & Objective Evidence

- An employer's belief that an employee's medical condition is a disability is reasonable if the employer has direct knowledge of the employee's condition.
- An employer may have direct knowledge of an employee's medical condition if:  
  - The employee discloses the condition, or  
  - The employer observes the condition directly.
- An employer's belief is reasonable if the employer is aware of the condition and:  
  - Has knowledge of the condition, or  
  - Has knowledge of the performance or behavior of the employee that is consistent with a disability.

Examples

- For the past two months, Sally, a tax auditor for a federal government agency, has done a third fewer audits than the average employee in her unit. She also has made numerous mistakes in her work. While the supervisor reported Sally's performance to human resources, no one has suggested that Sally's medical condition could be impacting her performance.
- When questioned about her poor performance, Sally tells her supervisor that she is taking medications for her condition, which makes her feel lethargic and unable to concentrate.

Reasonable Belief & Objective Evidence

- An employer's belief that an employee's medical condition is a disability is reasonable if the employer has direct knowledge of the employee's condition.
- An employer may have direct knowledge of an employee's medical condition if:  
  - The employee discloses the condition, or  
  - The employer observes the condition directly.
- An employer's belief is reasonable if the employer is aware of the condition and:  
  - Has knowledge of the condition, or  
  - Has knowledge of the performance or behavior of the employee that is consistent with a disability.

Job-Related and Consistent with Business Necessity

- An employer needs to have a reasonable belief that an employee's medical condition impacts the performance of an essential function.
- An employer needs to have reasonable belief that an employee's medical condition impacts the performance of an essential function if:  
  - The condition is one of the conditions that the employer is aware of and knows will likely impair a reasonable belief that an employee's medical condition impacts the performance of an essential function.
Examples

A crane operator works at construction sites hoisting concrete panels weighing several tons. A rigger on the ground helps him load the panels, and several other workers help him position them. During a break, the crane operator appears to become light-headed, has to sit down abruptly, and seems to have some difficulty catching his breath.

In response to a question from his supervisor about whether he is feeling all right, the crane operator says that this has happened to him a few times during the past several months, but he does not know why.

Reasonable Belief & Objective Evidence?

Yes

No

Examples

Six months ago, a supervisor heard a secretary tell her co-worker that she discovered a lump in her breast and is afraid that she has breast cancer. Since that conversation, the secretary still comes to work every day and performs her duties in her normal efficient manner.

Reasonable Belief & Objective Evidence?

Reasonable Belief – Beware of Making Assumptions

Such a belief requires an assessment of the employee and his/her position and cannot be based on general assumptions.

Is this a Reasonable Belief or an Assumption?

An employee who works in the produce department of a large grocery store tells her supervisor that she is HIV-positive. The employer is concerned that the employee poses a direct threat to the health and safety of others because she frequently works with sharp knives and might cut herself while preparing produce for display. The store requires any employee working with sharp knives to wear gloves and frequently observes employees to determine whether they are complying with this policy.

Available scientific evidence shows that the possibility of transmitting HIV from a producer clerk to other employees or the public, assuming the store’s policy is observed, is virtually nonexistent. Moreover, the Department of Health and Human Services (HHS), which has the responsibility under the ADA for preparing a list of infectious and communicable diseases that may be transmitted through food handling, does not include HIV on the list.

Reasonable Belief or an Assumption?

Reliable Information

When is information learned from another person sufficient to justify asking disability-related questions or requiring a medical examination of an employee include?

Consider:

1. the relationship of the person providing the information to the employee about whom it is being provided;
2. the seriousness of the medical condition at issue;
3. the possible motivation of the person providing the information;
4. how the person learned the information (i.e., directly from the employee whose medical condition is in question or from someone else); and
5. other evidence that the employer has that bears on the reliability of the information provided.

Reliable Information?

Yes

Reliable Information?

Bob and Joe are close friends who work as copy editors for an advertising firm. Bob tells Joe that he is worried because he has just learned that he had a positive reaction to a tuberculin skin test and believes that he has tuberculosis. Joe encourages Bob to tell their supervisor, but Bob refuses.

Joe is reluctant to breach Bob's trust but is concerned that he and the other editors may be at risk since they all work closely together in the same room. After a couple of sleepless nights, Joe tells his supervisor about Bob. The supervisor questions Joe about how he learned of Bob's alleged condition and finds Joe's explanation credible.

Reliable Information?
Reliable Information?

Kim works for a small computer consulting firm. When her mother died suddenly, she asked her employer for three weeks off. In addition to the five days that the company customarily provides in the event of the death of a parent or spouse, to deal with family matters. During her extended absence, a rumor circulated among some employees that Kim had been given additional time off to be treated for depression. Shortly after Kim's return to work, Dave, who works on the same team with Kim, approached his manager to say that he had heard that some workers were concerned about their safety.

According to Dave, people in the office claimed that Kim was talking to herself and threatening to harm them. Dave said that he had not observed the strange behavior himself but was not surprised to hear about it given Kim’s alleged recent treatment for depression. Dave’s manager sees Kim every day and has observed this kind of behavior. In addition, none of the co-workers to whom the manager spoke confirmed Dave’s statement.

**Can I ask about the disability when the employee requests an accommodation?**

- Yes. The employer is entitled to know that an employee has a covered disability that requires a reasonable accommodation.
- When the disability or the need for the accommodation is not known or obvious, it is job-related and consistent with business necessity for an employer to ask an employee for reasonable documentation about his/her disability and its functional limitations that require reasonable accommodation.
- Forms for documenting requests

What can I ask for?

- An employer may require an employee to provide documentation that is sufficient to substantiate that s/he has an ADA disability and needs the reasonable accommodation requested, but cannot ask for unrelated documentation.

- This means that, in most circumstances, an employer cannot ask for an employee’s complete medical records because they are likely to contain information unrelated to the disability at issue and the need for accommodation.

What is Sufficient?

Documentation is sufficient if it:

1. Describes the nature, severity, and duration of the employee’s impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits the employee’s ability to perform the activity or activities; and,
2. Substantiates why the requested reasonable accommodation is needed.

Sufficient?

**Example:** An employee, who has exhausted all of his accumulated leave, telephones his supervisor on Monday morning to inform him that he had a severe pain episode on Saturday due to his sickle cell anemia, is in the hospital, and needs time off. Prior to this call, the supervisor was unaware of the employee’s medical condition.

The employer can ask the employee to send in documentation from his treating physician that substantiates that the employee has a disability, confirms that his hospitalization is related to his disability, and provides information on how long he may be absent from work.
Templates

- Letter to Health Care Provider
- Health Care Provider Certification Form
- Medical authorization and release
- Send with SJD!
- Remember: An employer is entitled only to the information necessary to determine whether the employee can do the essential functions of the job or work without posing a direct threat.

Insufficient?

- Documentation is insufficient if it does not specify the existence of an ADA disability and explain the need for reasonable accommodation.
- Documentation also might be insufficient where, for example: (1) the health care professional does not have the expertise to give an opinion about the employee's medical condition and the limitations imposed by it; (2) the information does not specify the functional limitations due to the disability; or (3) other factors indicate that the information provided is not credible or is fraudulent.
- If an employee provides insufficient documentation, an employer does not have to provide reasonable accommodation until sufficient documentation is provided.

Documentation is Insufficient

- Explain why the documentation is insufficient and allow the employee an opportunity to provide the missing information in a timely manner.
- Consult with the employee's doctor (with the employee's consent) before requiring the employee to go to a health care professional of its choice.
- If an employer requires an employee to go to a health care professional of the employer's choice, the employer must pay all costs associated with the visits.
- Beware of retaliation claim! Need good faith basis for claiming insufficient.

What if I receive no response?

- When an employer's possible disability and need for reasonable accommodation are not obvious, and the employee fails to provide the requested documentation or if the documentation does not demonstrate the existence of a disability, the employer can refuse to provide the accommodation.
- Any discipline that the employer decides to impose should focus on the employee's performance problems. Thus, the employer may discipline the employee for past and future performance problems in accordance with a uniformly applied policy.

No accommodation will work

- Non-disciplinary Removal - Per 1003
- Interactive process

Sufficient documentation - Now what?

- Rule Book
- Interactive process
IV. ADA Interactive Process

Carol Jerry
Division of Personnel
Deputy Personnel Director

Preparation

- Do your homework
- Understand the disability
- Research possible accommodations
- Job Accommodation Network (JAN)

Job Accommodation Network

SoAR
Employee Refused Alternative Accommodation
- Summarizes original request for accommodation
- Documents agency's response with reason for initial denial
- Documents agency's suggested alternative
- Documents employee's refusal and reason
- Communicates agency willingness to consider other requests
- Requires employee initiating interactive process again
- Communicates ongoing work expectations

ADA Accommodation Denied
Agency Form Letter

Request for Accommodation Denied
- Summarizes requested accommodation
- Documents agency's response with reason for denial
- Template provides several typical reasons for denial
- Communicates agency willingness to consider other requests
- Communicates ongoing work expectations

Request for Accommodation Denied (cont.)
- Typical reasons for denial
  - Not an ADA disability
  - Medical documentation inadequate
  - Accommodation ineffective
  - Accommodation would cause undue hardship
  - Accommodation would remove essential functions
  - Accommodation would require lowering performance or production standards
  - Other (Contact AG's Office)

V. Implementing Accommodations and Periodic Review

Steve Bunker
Division of Personnel
Personnel Appeals Board Administrator

Not all disabilities are evident—but the accommodation may be.
Best practice is to follow up with the employee on a regular basis to ensure that the accommodation is effective.
- It is not unusual that the first accommodation will not be effective and you need to try something else.
- Check in with the employee within a reasonable amount of time after the accommodation has been implemented.

Well, won't the employee tell me if the accommodation isn't working out? Why do I have to plan to follow up with her/him on a regular basis?
- Some may tell you but some may not— for whatever reason, so we recommend scheduling a follow-up with the employee on a regular basis and completing an Annual/Periodic Review of the Reasonable Accommodation Form.

After the review it's determined that the accommodation is still effective.
- If so, simply complete and provide the disabled employee with an Accommodation Effective Periodic Review Agency Form Letter.
- You're done until the next periodic review!
- Even if the employee tells you s/he will tell you if/when the accommodation is no longer effective— still check in!

But what if, after the review, it's determined that the accommodation is not effective?
- First, send the employee an “Accommodation Ineffective” letter.
- Second, start the interactive process all over again.
What do you tell staff who complain that an employee is unfairly getting "special treatment"—different work hours, shiny new equipment, or comfy-looking furniture?

- The ADA prohibits employers from disclosing medical information about employees.
- Disclosing that an employee is receiving a reasonable accommodation amounts to disclosing that the individual has a disability.

But staff—or unions—may insist on knowing why one person is being treated differently than everyone else.

- Tell staff that you are complying with all laws and regulations.
- Point out that many of the workplace issues encountered by employees are personal and, in these circumstances, it is the State's policy to respect employee privacy—just as you would similarly respect their privacy.
- Stick to the above "script" to avoid ADA liability and don't go beyond the script without prior approval of the employee.

What if the employee tells coworkers about his/her disability and/or the fact that s/he is receiving a reasonable accommodation?

- As long as there is no coercion by the employer, an employee with a disability may voluntarily choose to disclose this information to coworkers.

Can I prohibit coworkers of the disabled employee from then telling other employees or his/her union representative about the employee's disability and/or accommodation?

- No. Employers should tread carefully on restricting discussion among coworkers whose jobs are affected by the accommodation, particularly in a unionized environment.

Since I have an employee with a disability, do I have to tread lightly?

- You are not required to lower standards of conduct for employees with disabilities, including mental disabilities.
- An employee with a mental impairment is not entitled to get away with misconduct that may be caused by the disability, such as stealing, threatening other employees, violence, harassment, profanity, destruction of property, etc.
- You are allowed to enforce conduct rules as long as they are job-related and consistent with business necessity.
VI. Emerging Topics

Medical Marijuana

- Service and Companion Animals
- Telecommuting as an Accommodation

Medical Marijuana

- States under federal jurisdiction (August 6, 2017)
- Federal law, a federal statute that could be a crime, charges
- Rhode Island State Court ruled an employee as employment discrimination because the employee is not a disabled
- The Rhode Island State Court ruled an employee as a disability under the Employment achievements because the employee is not a disabled
- The state held the state's disability status
- The state held the state's disability status
- The state held the state's disability status
- The state held the state's disability status
- The state held the state's disability status

Medical Marijuana

- States under federal jurisdiction (May 23, 2017)
- Federal law, a federal statute that could be a crime, charges
- Rhode Island State Court ruled an employee as employment discrimination because the employee is not a disabled
- The Rhode Island State Court ruled an employee as a disability under the Employment achievements because the employee is not a disabled
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Service and Companion Animals

- Title I does not define the term "service animal," and there is no administrative guidance concerning an employer's duty to accommodate an employee by permitting the use of either a service or emotional support animal.
- Both federal and state law require you to consider requests for service and/or emotional support animals as a potential reasonable accommodation. Courts and the EEOC have at times found employees' use of emotional support animals to be a form of reasonable accommodation.
- Key is to gather necessary information and engage in the interactive process.

Telecommuting

- Very fact-specific decision — always the case with ADA
- Whether telecommuting was reasonable depended on whether regular and predictable on-site job attendance was an essential function of the job
- Employer's words, policies and practices
- Job related, uniformly-enforced and consistent with business necessity
- Court found that, given the nature of the job, telecommuting up to 4 days per week was unreasonable because it removed an essential function of the job

Telecommuting

- EEOC guidance:
  https://www.eeoc.gov/facts/telework.html
- Telework MAY be a reasonable accommodation
- Need to engage in interactive process; intensive, fact-specific, case-by-case inquiry
- Be clear and consistent with the essential functions of the job
1. Policy Statement

It is the policy of the State of New Hampshire to comply with all applicable laws and to provide all employees with disabilities the reasonable accommodations necessary to perform the essential functions of their jobs consistent with the needs of other employees, the essential functions of the positions, and the guidelines of the U.S. Equal Employment Opportunity Commission (EEOC).

2. Purpose

The purpose of the policy is to ensure equal employment opportunity consistent with the needs of other employees, the essential functions of the positions, and the guidelines of the EEOC. Any employee who believes they need a reasonable accommodation should contact Human Resources for assistance.

3. Scope

This policy and its procedures apply to the state's workforce and all employees, including those with disabilities.

4. Health and Safety

All employees are required to comply with safety standards. An employee may request reasonable accommodations that do not impose a significant safety risk to the employee, other employees, or the workplace.

5. Division of Personnel

The Division of Personnel is responsible for:

- Implementing this policy by making it available to all employees
- Establishing procedures for granting reasonable accommodations
- Training employees in recognizing and responding to reasonable accommodation needs
- Evaluating the effectiveness of reasonable accommodations
- Taking corrective action as necessary to ensure compliance with the policy
- Reviewing complaints

6. Responsibilities of Employees

Employees are responsible for:

- Requesting reasonable accommodations
- Providing necessary documentation
- Working with the employer to develop and implement a reasonable accommodation plan
- Notifying the employer of any changes in health or disability status

7. Responsibilities of the Employer

The employer is responsible for:

- Providing reasonable accommodations to employees with disabilities
- Establishing and maintaining a reasonable accommodation program
- Providing reasonable accommodations in accordance with the law
- Evaluating the effectiveness of reasonable accommodations
- Taking corrective action as necessary to ensure compliance with the policy
- Reviewing complaints

8. Statewide Reasonable Accommodation Statewide Reasonable Accommodation Policy

The Statewide Reasonable Accommodation policy provides guidelines for the reasonable accommodation of employees with disabilities.

9. Training

All employees are required to complete training on the EEOC's guidelines for reasonable accommodations.

10. Federal Laws

The employer is required to comply with federal laws, including the Americans with Disabilities Act (ADA).

11. Enforcement

The employer is responsible for enforcing this policy and for enforcing the ADA.

12. Legal Compliance

The employer is required to comply with all laws and regulations concerning employment discrimination.

13. Complaints

Any employee who believes they have been subjected to discrimination must file a complaint with the Equal Employment Opportunity Commission (EEOC).

14. Title II

The employer is responsible for ensuring compliance with Title II of the ADA.

15. Title III

The employer is responsible for ensuring compliance with Title III of the ADA.

16. Section 508

The employer is responsible for ensuring compliance with Section 508 of the Rehabilitation Act.
Click and type employee’s name
Click and type street address
Click and type city, state, zip

Dear Click and type employee’s name:

The Americans with Disabilities Act (ADA) requires that employers engage in an interactive communications process when determining a reasonable accommodation which would enable an employee to perform the essential functions of their job. The purpose of this letter is to document your Click and select request or requests for a reasonable accommodation and the Agency’s Click and select response or responses, while we worked together to determine an appropriate reasonable accommodation that meets your needs while considering the operational needs of the Agency.

Outlined below is a summary of the reasonable accommodation Click and select request or requests, that you have made and the Agency’s Click and select response or responses, to Click and select this or these. Click and select request or requests.

Date: Click and select date. Reasonable Accommodation Requested: Click and type accommodation requested.
Date: Click and select date. Agency Response: Click and type response.

To add more requests and responses, follow same format as above and type information. If there are no other requests and responses, press the space bar to delete this instruction.

As outlined in the Agency’s initial response listed above, we have agreed to your original request for reasonable accommodation so that you are able to perform the essential functions of your job. The Agency will follow up in Click and type a number Click and select a time period, or on Click and select a date so that we can determine if you have a continuing need for this accommodation. In the meantime, if the circumstances around your request change and the agreed upon accommodation is no longer effective, please contact me at Click and type phone number.

Sincerely,

Click and type your name.
Click and type your title.

cc: Agency File

My signature below acknowledges that the information listed above accurately reflects the communications between me and the Agency’s Human Resources Administrator.

(Employee’s Signature) (Agency HR Administrator Signature)
(Date) (Date)
Click and type employee’s name
Click and type street address
Click and type city, state, zip

Dear Click and type employee’s name:

The Americans with Disabilities Act (ADA) requires that employers engage in an interactive communications process when determining a reasonable accommodation which would enable an employee to perform the essential functions of their job. The purpose of this letter is to document your Click and select request or requests for a reasonable accommodation and the Agency’s Click and select response or responses. while we worked together to determine an appropriate reasonable accommodation that meets your needs while considering the operational needs of the Agency.

Outlined below is a summary of the reasonable accommodation Click and select request or requests. that you have made and the Agency’s Click and select response or responses. to Click and select this or these. Click and .select request or requests..

Date: Click and select date. Reasonable Accommodation Requested: Click and type accommodation requested.
Date: Click and select date. Agency Response: Click and type response.

To add more requests and responses, follow same format as above and type information. If there are no other requests and responses, press the space bar to delete this instruction.

After careful consideration of your request, as outlined in the final response listed above, the Agency is denying your request for reasonable accommodation for the following Click and select reason or reasons:.

Delete any that do not apply then delete this instruction:

- Requestor does not have An ADA disability
- Medical documentation inadequate
- Accommodation ineffective
- Accommodation would cause undue hardship
- Accommodation would require removal of essential function
- Accommodation would require lowering performance or production standard

If the requested accommodation would be ineffective, cause undue hardship, or lower the performance or production standard, etc., explain specifically how it would in the space provided below. (Call Attorney General’s Office with any questions.) After reading, delete these instructions from the final letter by pressing the space bar.

Click and type explanation. If not applicable, press space bar to delete.

Prior to listing a denial reason as “Other” below, please call the Office of the Attorney General. After reading, delete these instruction by pressing the space bar.

- Other (Please identify): Click and type other reason or type NOT APPLICABLE.
We are willing to consider other requests for reasonable accommodation which are consistent with the Americans with Disabilities Act and encourage you to work with your health care provider in determining what an alternative may be. In the meantime, it is expected that you will continue to report to work as scheduled and perform the essential functions of your job. If you have any questions, please feel free to contact me at the above number.

Sincerely,

Click here and type your name.
Click here and type your title.

cc: Agency File

My signature below acknowledges that the information listed above accurately reflects the communications between me and the Agency’s Human Resources Administrator.

(Employee’s Signature)  (Agency HR Administrator Signature)

(Date)  (Date)
Click here and select the date

Click and type employee's name
Click and type street address
Click and type city, state, zip

Dear [Employee Name]:

Per the provisions of The Americans with Disabilities Act (ADA), together with your health care provider, we worked to determine a reasonable accommodation which would enable you to perform the essential functions of your job. On [Agreement Date], we agreed that [Agreed Accommodation] would enable you to perform your essential functions. After assessing the effectiveness of this reasonable accommodation during the regular periodic review, [Agency will confirm effectiveness]

The Agency will follow up in [Time Period] or on [Next Review Date] for another periodic review so that we can determine if you have a continuing need for this accommodation. In the meantime, if the circumstances around your request change and the agreed upon accommodation is no longer effective, please contact me at [Phone Number].

Sincerely,

[Agency Name]

cc: Agency File

My signature below acknowledges that the information listed above accurately reflects the communications between me and the Agency’s Human Resources Administrator.

[Employee’s Signature]  [Agency HR Administrator Signature]

[Date]  [Date]
Click here and select the date

Click and type employee's name
Click and type street address
Click and type city, state, zip

Dear [Click and type employee's name]:

Per the provisions of The Americans with Disabilities Act (ADA), together with your health care provider, we have worked to determine a reasonable accommodation which would enable you to perform the essential functions of your job. On the [Click and select agreement date] we agreed that [Click and type what was agreed to] and it would enable you to [Click and type the essential function being accommodated].

After assessing the effectiveness of this reasonable accommodation during a periodic review, [Click and select] or we or you have determined that the accommodation is [Click and select not or no longer effective for the following reasons]:

- Click and type a narrative with information as to why the accommodation is not or no longer effective.

*After reading the following note, delete it by pressing the space bar:* Lifting an accommodation is handled on a case-by-case basis. Generally an accommodation should remain in place until an effective accommodation is agreed upon.

We are willing to consider a different request for reasonable accommodation consistent with the Americans with Disabilities Act. The ADA Reasonable Accommodation Request form is attached if you wish to begin the interactive communications process again.

In the meantime, it is expected that you will continue to report to work as scheduled and perform the essential functions of your job. If you have any questions, please contact me at [Click and type phone number].

Sincerely,

[Click and type your name]

[Click and type your title]

cc: Agency File

enc. Reasonable Accommodation Request Form

My signature below acknowledges that the information listed above accurately reflects the communications between me and the Agency's Human Resources Administrator.

(Employee's Signature) 

(Date)

(Agency HR Administrator Signature)

(Date)
Dear

The Americans with Disabilities Act (ADA) requires that employers engage in an interactive communications process when determining a reasonable accommodation which would enable an employee to perform the essential functions of their job. The purpose of this letter is to document your Click and select request or requests for a reasonable accommodation and the Agency’s Click and select response or responses, while we worked together to determine an appropriate reasonable accommodation that meets your needs while considering the operational needs of the Agency.

Outlined below is a summary of the reasonable accommodation Click and select request or requests, that you have made and the Agency’s Click and select response or responses, to Click and select this or these. Click and select request or requests.

To add previous requests and responses, follow same format as below and type information. If there are no previous requests and responses, press the space bar to delete this instruction.

Date: Click and select date. Reasonable Accommodation Requested: Click and type accommodation requested.

Date: Click and select date. Agency Response: After careful consideration of your request, the Agency is denying your request for reasonable accommodation for the following reason(s):

Delete any that do not apply, then delete this instruction:
- Requestor does not have an ADA disability
- Medical documentation inadequate
- Accommodation ineffective
- Accommodation would cause undue hardship
- Accommodation would require removal of essential function
- Accommodation would require lowering performance or production standard

If the requested accommodation would be ineffective, cause undue hardship, or lower the performance or production standard, etc., explain specifically how it would in the space provided below. (Call Attorney General’s Office with any questions.) After reading, delete these instructions from the final letter by pressing the space bar.

Click and type explanation. If not applicable, press space bar to delete.

Prior to listing a denial reason as “Other,” below, please call the Attorney General’s Office. After reading, delete these instructions from the final letter by pressing the space bar:

- Other (Please identify: Click and type other reason or type NOT APPLICABLE.

Date: Click and select date. Alternate Reasonable Accommodation Proposed: Click and type accommodation proposed.
Date: Click and select date.  
Response: Click and type response.

After careful consideration of the proposed request and the Agency’s operational needs, we have discussed an alternate accommodation and we have agreed that this is an appropriate reasonable accommodation that will enable you to perform the essential functions of your job. The Agency will follow up in Click here and type a number Click and select a time period., or on Click and select the date, so that we can determine if you have a continuing need for this accommodation. In the meantime, if the circumstances around your request change and the agreed upon accommodation is no longer effective, please contact me at Click and type phone number.

Sincerely,

Click and type your name.
Click and type your title.

cc: Agency File

My signature below acknowledges that the information listed above accurately reflects the communications between me and the Agency’s Human Resources Administrator.

_________________________________  ________________________________
(Employee’s Signature)  (Agency HR Administrator Signature)

______________________________  ________________________________
(Date)  (Date)
The Americans with Disabilities Act (ADA) requires that employers engage in an interactive communications process when determining a reasonable accommodation which would enable an employee to perform the essential functions of their job. The purpose of this letter is to document your request or requests for a reasonable accommodation and the Agency’s response or responses, while we worked together to determine an appropriate reasonable accommodation that meets your needs while considering the operational needs of the Agency.

Outlined below is a summary of the reasonable accommodation that you have made and the Agency’s response or responses. Click and select this or these. Click and select request or requests...

To add previous requests and responses, follow same format as below and type information. If there are no previous requests and responses, press the space bar to delete this instruction.

Date: Click and select date. Reasonable Accommodation Requested: Click and type accommodation requested.

Date: Click and select date. Agency Response: After careful consideration of your request, the Agency is denying your request for reasonable accommodation for the following reason(s):

Delete any that do not apply, then delete this instruction:
- Requestor does not have an ADA disability
- Medical documentation inadequate
- Accommodation ineffective
- Accommodation would cause undue hardship
- Accommodation would require removal of essential function
- Accommodation would require lowering performance or production standard

If the requested accommodation would be ineffective, cause undue hardship, or lower the performance or production standard, etc., explain specifically how it would in the space provided below. (Call Attorney General’s Office with any questions.) After reading, delete these instructions from the final letter by pressing the space bar.

Click and type explanation. If not applicable, press space bar to delete.

Prior to listing a denial reason as “Other,” below, please call the Attorney General’s Office. After reading, delete these instructions from the final letter by pressing the space bar:

- Other (Please identify): Click and type other reason or type NOT APPLICABLE.
As outlined in the final response listed above, after careful consideration of your request or requests and the Agency’s operational needs, the Agency proposed an alternative accommodation which you did not accept. Although we found no agreed-upon accommodation, the Agency is willing to consider other requests for reasonable accommodation and encourage you to work with your health care provider in determining what an alternative may be.

In the meantime, it is expected that you will continue to report to work as scheduled and perform the essential functions of your job. If you have any questions, please feel free to contact me at [Click here and type phone number].

Sincerely,

[Click here and type your name.]

[Click here and type your title.]

cc: Agency File

My signature below acknowledges that the information listed above accurately reflects the communications between me and the Agency’s Human Resources Administrator.

(Employee’s Signature)    (Agency HR Administrator Signature)

(Date)    (Date)
Click and select date

Click and type doctor’s name
Click and type street address
Click and type city, state, zip

Re: Click and type employee’s name

Dear Dr. Click here and type doctor’s last name:

The Click and type Agency name has received a request for reasonable accommodation under the American’s With Disabilities Act (ADA) from Click and type employee’s name. Based upon Click and select his/her request, I am aware that Click and select he/she has a physical or mental impairment that may impact Click and select his/her ability to perform Click and select his/her job.

Click and type employee’s name has indicated that you are Click and select his/her provider for this impairment. Click and select He/She has signed the attached release granting you permission to provide me with medical information that is needed in order to understand the nature of Click and select his/her impairment and explore the possibilities of amending Click and select his/her duties to accommodate a qualifying disability. The Agency’s accommodation procedures are in support of the ADA and the requested medical information is necessary to implement accommodation strategies, if appropriate. Therefore, the Agency is requesting that you complete the attached Health Care Provider Certification Form and: (1) describe the nature, severity, and duration of the employee's impairment; (2) the activity or activities that the impairment limits; (3) the extent to which the impairment limits the employee's ability to perform the job activities described in the documents provided; (4) why the requested accommodation is needed; and (5) how the requested accommodation would accommodate the impairment. These questions are asked in order to continue the dialogue with Click and type employee’s name to determine whether there is a disability which requires an accommodation and if so, an appropriate and effective accommodation.

I appreciate your assistance and prompt reply. Please provide the information by Click and select date. Be assured that the information you provide will be treated as confidential and will be used solely for the purpose of determining how best to meet this employee’s needs. A copy of Click and type employee’s name’s signed release is attached. Also, in order to assist you in conducting this assessment, I have included copies of the following:

- The employee's class specification;
- The employee's supplemental job description;
- The employee's work schedule;
- A written description of the employee's work location; and
- A written description of the employee's work environment.
In your response, please specifically address the activities set out in Click and type employee's name's job description and Click and select his/her ability to do the essential functions of the job. A thorough and accurate assessment will assist us in devising an appropriate course of action, including possibilities of amending Click and type employee's name's duties to accommodate a qualifying disability or transferring Click and select him/her to another position for which Click and select he/she qualifies.

Please contact me at Click and type phone number if you have any questions.

Sincerely,

Click and type your name
Click and type your title

cc:  Click and type employee's name
     Agency File

Enclosures:  Medical Authorization and Release Form
             Health Care Provider Certification Form
             Class Specification
             Supplemental Job Description
             Work Schedule
             Description of Work Location
             Description of Work Environment
Click here to select date.

Click here and type employee’s name
Click here and type street address
Click here and type city, state, zip

Dear [Click here and type employee’s name]:

Within the past [Click here and type time period], the [Click here and type agency name] has become aware that you are experiencing [Click here and type the employee’s medical or psychological impairment]. You have indicated that you do not need an accommodation.

I wanted to remind you of the State’s Americans with Disabilities policy and provide you with the attached “Employee Request for Reasonable Accommodation” form.

If you believe that you have a need for a reasonable accommodation, please complete and return this request directly to me.

Please let me know if you have any questions.

Sincerely,

[Click here and type your name]
[Click here and type your title]

Enclosures: SONH ADA Policy
Employee Request for Reasonable Accommodation form

cc: Agency File
### Annual/Periodic Review of Reasonable Accommodation

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID:</td>
<td></td>
</tr>
<tr>
<td>Position Title:</td>
<td></td>
</tr>
<tr>
<td>Supervisor's Name:</td>
<td></td>
</tr>
<tr>
<td>Agency/Work Location:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td><strong>/</strong>/__</td>
</tr>
</tbody>
</table>

Date Original Request for Accommodation Approved: __/__/__

Date of Periodic Review: __/__/__

After a review of the employee's Request for Reasonable Accommodation file, the following has been determined:

- [ ] New/Additonal medical/diagnostic documentation is not required to continue the accommodation.
- [ ] Additional medical/diagnostic documentation is required.
- [ ] Other: ____________________________

The employee is requested to provide the following documentation:

__________________________

Name and Title of Human Resources Representative: ____________________________

Continuation of reasonable accommodation: (Check one):

- [ ] Approved
- [ ] Agree to Discontinue
- [ ] Modification Needed*  

*Note: If modification is needed, restart the interactive process.

(Human Resources Representative Signature) ____________________________  (Date)

(Employee Signature Acknowledging Receipt) ____________________________  (Date)
State of New Hampshire
Applicant Request for Reasonable Accommodation

INSTRUCTIONS AND FORM

It is the policy of the State of New Hampshire to comply with all State and federal laws concerning the employment of persons with disabilities so as not to discriminate against them, and to provide reasonable accommodations to qualified individuals with disabilities in all aspects of employment.

Instructions:

1. An individual with a disability, as described by the ADA, is a person who:
   - Has a physical or mental impairment that substantially limits a major life activity;
   - Has a record or history of a substantially limiting impairment, or
   - Is regarded or perceived as having a substantially limiting impairment.

2. For purposes of employment, a “qualified individual with a disability” is a person with a disability, as defined above, who also:
   - Meets the employer’s requirements for the job in question, including education, training, employment experience, skills, or licenses, and
   - Is able to perform the essential functions or fundamental duties of the job in question, with or without a reasonable accommodation.

3. If you are a qualified individual with a disability, and you believe that you will need some change or adjustment to one or more pre-employment activities to enable you to be considered for a job opening, you may request a reasonable accommodation. Reasonable accommodations available to qualified individuals with disabilities may include, but are not limited to:
   - Providing written materials in accessible formats;
   - Providing readers or sign language interpreters;
   - Conducting recruitment, interviews and tests in accessible locations;
   - Providing or modifying equipment or devices; or
   - Adjusting or modifying application policies and procedures as necessary.

4. Your request for a reasonable accommodation may be made orally or in writing. The employer reserves the right to memorialize any such request in written form for record-keeping and quality assurance.

5. Someone acting on your behalf such as a friend, family member, health professional, counselor, job coach or other representative can make your request for an accommodation.

6. To request an accommodation:
State of New Hampshire

- You, or someone acting on your behalf, must inform the employer that you need some sort of change or adjustment to the application, interviewing and/or selection process because of your impairment.
- Unless your disability and the need for an accommodation are obvious, the employer may ask you for reasonable documentation from your physician, licensed healthcare practitioner, or other appropriate professional explaining the disability and why an accommodation is necessary.
- Although you may request a specific accommodation, if more than one possible accommodation is available that will meet your needs, the employer can choose which accommodation to provide. If an accommodation that the employer proposes will not meet your needs, you will need to explain why.
- The employer does not need to provide an accommodation if doing so would create an undue hardship.

7. If you wish to submit your request for a reasonable accommodation in writing, please complete the attached form and return it to the Human Resources Office of the hiring department/agency.
APPLICANT REQUEST FOR
REASONABLE ACCOMMODATION

Your Name: ____________________________________________

Date: ___ / ___ / ___

Title of the position for which you have applied: _______________________________________

Name of the hiring agency/department: ____________________________________________

1. What part(s) of the recruitment, application or selection process will require changes or
   adjustments in order for you participate in the process and be considered for this job
   opening?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. How does your impairment affect your ability to participate in one or more parts of the
   recruitment, interview, or selection process?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What accommodation are you requesting?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. How will this accommodation assist you in allowing you to participate in the application and
   selection process?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Are there other accommodations we might consider?
6. Please provide any other information you think would be useful in evaluating your request for a reasonable accommodation.

Applicant Certification and Consent

I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give permission for the release of information about my medical condition(s) to authorized agency officials.

Applicant Signature ___________________________ Date ____________
State of New Hampshire
CONFIRMATION OF VERBAL REQUEST FOR REASONABLE ACCOMMODATION

Applicant’s or Employee’s Name: ________________________________

Applicant’s or Employee’s Phone Number: ________________________

Date of Request: ___/___/___

Agency: _______________________________________________________

TYPE OF ACCOMMODATION REQUESTED, IF KNOWN (Be as specific as possible; e.g. assistive technology, equipment, schedule change, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

REASON FOR REQUEST (Identify the disability, what major life activity does it impact, and the duties and responsibilities requiring accommodation.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If accommodation is time sensitive, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My signature below acknowledges that the information listed above accurately reflects the type of accommodation requested and the reason for the request as communicated to the Agency Human Resources Representative or Designee by the Applicant/Employee.

(Applicant’s or Employee’s Signature) ________________________________

(Agency HR Representative or Designee Signature) _______________________

(Date) ____________________________  (Date) ____________________________
State of New Hampshire
Employee Request for Reasonable Accommodation

INSTRUCTIONS AND FORM

It is the policy of the State of New Hampshire to comply with all State and federal laws concerning the employment of persons with disabilities so as not to discriminate against them, and to provide reasonable accommodations to qualified individuals with disabilities in all aspects of employment.

The Americans with Disabilities Act defines a person with a disability as someone who:
- Has a physical or mental impairment that substantially limits a major life activity;
- Has a record or history of a substantially limiting impairment, or
- Is regarded or perceived as having a substantially limiting impairment.

The US Equal Employment Opportunity Commission describes an “accommodation” as “...any change in the work environment or the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities.”

Instructions:

1. If you are an employee with a disability, and you believe that you will need some change or adjustment to your workplace or your work, you may request a reasonable accommodation.

2. Reasonable accommodations available to qualified individuals with disabilities may include, but are not limited to:
   - Making existing facilities used by employees readily accessible to and usable by persons with disabilities.
   - Job restructuring, modifying work schedules, reassignment to an existing vacant position in the agency at or below the same labor grade.
   - Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies.

3. Your request for a reasonable accommodation may be made orally or in writing. The employer reserves the right to memorialize any such request in written form for record-keeping and quality assurance.

4. Someone acting on your behalf such as a friend, family member, health professional, counselor, job coach or other representative can make your request for an accommodation.

5. To request an accommodation:
   - You, or someone acting on your behalf, must inform the employer that you need some sort of change or adjustment because of your medical condition. You should contact your Agency Human Resources Representative.
• Unless your disability and the need for an accommodation are obvious, the employer may ask you for reasonable documentation from your physician, licensed healthcare practitioner, or other appropriate professional explaining the disability and why an accommodation is necessary.
• The employer may ask for information about the disability if the information you provide is insufficient to explain the disability, the activities it limits and the need.
• The information you provide regarding your disability and the need for an accommodation will be kept confidential and will only be disclosed to actual decision-makers with a demonstrated “need to know” or due to medical necessity.
• Although you may request a specific accommodation, if more than one possible accommodation is available that will meet your needs, the employer can choose which accommodation to provide. If an accommodation that the employer proposes will not meet your needs, you will need to explain why.
• The employer does not need to provide an accommodation if doing so would create an undue hardship or alter an essential job function.

6. If you wish to submit your request for a reasonable accommodation in writing, please complete the attached form.
EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Employee Name: ________________________________
Employee ID: ______________ Position Title: ________________________________
Supervisor’s Name: ________________________________
Agency/Work Location: ________________________________
Date: __/__/____

Use additional pages or provide documentation as needed.

1. Identify your disability or physical or mental impairment(s) or limitation(s) and what major life activities are impacted.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Explain how your disability impairs or limits your ability to perform assigned job duties.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Identify those duties and responsibilities that you believe require some accommodation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What is the expected duration of your disability?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Please describe the accommodation(s) you are requesting and any alternatives.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If you are unsure what accommodation is needed, do you have any suggestions about what options we can explore?


5. Explain how the requested accommodation(s) will allow you to perform the essential functions of your job.


Certification

My signature below acknowledges that the information listed above accurately reflects the type of accommodation requested and the reason for the request.

Employee Name (please print)  Date

Employee Signature
State of New Hampshire
Employee Request for Reasonable Accommodation

INSTRUCTIONS AND FORM

It is the policy of the State of New Hampshire to comply with all State and federal laws concerning the employment of persons with disabilities so as not to discriminate against them, and to provide reasonable accommodations to qualified individuals with disabilities in all aspects of employment.

The Americans with Disabilities Act defines a person with a disability as someone who:
• Has a physical or mental impairment that substantially limits a major life activity;
• Has a record or history of a substantially limiting impairment, or
• Is regarded or perceived as having a substantially limiting impairment.

The US Equal Employment Opportunity Commission describes an “accommodation” as “...any change in the work environment or the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities.”

Instructions:

1. If you are an employee with a disability, and you believe that you will need some change or adjustment to your workplace or your work, you may request a reasonable accommodation.

2. Reasonable accommodations available to qualified individuals with disabilities may include, but are not limited to:
   • Making existing facilities used by employees readily accessible to and usable by persons with disabilities.
   • Job restructuring, modifying work schedules, reassignment to an existing vacant position in the agency at or below the same labor grade.
   • Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies.

3. Your request for a reasonable accommodation may be made orally or in writing. The employer reserves the right to memorialize any such request in written form for record-keeping and quality assurance.

4. Someone acting on your behalf such as a friend, family member, health professional, counselor, job coach or other representative can make your request for an accommodation.

5. To request an accommodation:
   • You, or someone acting on your behalf, must inform the employer that you need some sort of change or adjustment because of your medical condition. You should contact your Agency Human Resources Representative.
• Unless your disability and the need for an accommodation are obvious, the employer may ask you for reasonable documentation from your physician, licensed healthcare practitioner, or other appropriate professional explaining the disability and why an accommodation is necessary.
• The employer may ask for information about the disability if the information you provide is insufficient to explain the disability, the activities it limits and the need.
• The information you provide regarding your disability and the need for an accommodation will be kept confidential and will only be disclosed to actual decision-makers with a demonstrated “need to know” or due to medical necessity.
• Although you may request a specific accommodation, if more than one possible accommodation is available that will meet your needs, the employer can choose which accommodation to provide. If an accommodation that the employer proposes will not meet your needs, you will need to explain why.
• The employer does not need to provide an accommodation if doing so would create an undue hardship or alter an essential job function.

6. If you wish to submit your request for a reasonable accommodation in writing, please complete the attached form.
EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATION

Employee Name: ____________________________________________________________

Employee ID: __________ Position Title: ______________________________________

Supervisor's Name: _________________________________________________________

Agency/Work Location: ______________________________________________________

Date: __/__/____

Use additional pages or provide documentation as needed.

1. Identify your disability or physical or mental impairment(s) or limitation(s) and what major life activities are impacted.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


2. Explain how your disability impairs or limits your ability to perform assigned job duties.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Identify those duties and responsibilities that you believe require some accommodation.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What is the expected duration of your disability?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Please describe the accommodation(s) you are requesting and any alternatives.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
If you are unsure what accommodation is needed, do you have any suggestions about what options we can explore?

5. Explain how the requested accommodation(s) will allow you to perform the essential functions of your job.

Certification

My signature below acknowledges that the information listed above accurately reflects the type of accommodation requested and the reason for the request.

Employee Name (please print) ____________________________ Date ____________

Employee Signature ____________________________
HEALTH CARE PROVIDER CERTIFICATION FORM

Date:  Click and select date

To:  Click and type Health Care Provider name

From:  Click and type HR Administrator name, title, and Agency Name

RE:  Click here and type Employee’s Name, Social Security Number last four digits:  Click here and type

The above-referenced individual has identified you as Click to select his or her health care provider who is treating the condition for which Click to select he or she is seeking reasonable accommodation. Attached is the employee’s signed medical release. Please complete this certification form and return it to Click here and type Agency Name Human Resources Office. If clarification is needed, you will be contacted by Click here and type Agency Name Human Resources Office. Thank you again for your assistance.

Date of your last examination of this individual:  ___/___/___

A. Nature of Impairment

Does this person have a medical or psychological condition that makes one or more of his/her major life activity/activities¹ difficult to perform?

☐ Yes  ☐ No

If yes, please list the major life activity/activities that is/are affected¹:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B. Duration of Medical Condition

Is this medical condition temporary?

☐ Yes  ☐ No

¹ Major life activities include, but are not limited to, walking, talking, breathing, seeing, hearing, lifting, caring for oneself, learning, thinking, concentrating, interacting with others, speaking, performing manual tasks, reading, sitting, and working.
If yes, please state the expected duration of this condition:


C. Severity of Impairment & Activities Limited by the Impairment

Please describe the severity of his/her impairment(s) and the limitations that make the major life activity/activities difficult to perform. Please be as specific as possible by listing duration and extent of the restriction (e.g., cannot lift over 50 pounds; unable to stand for more than 1 hour; unable to walk for more than 1 block; unable to work more than 6 hours/day; unable to perform multiple projects simultaneously):


Proposed Reasonable Accommodation

1. Please specify what type of accommodation you would recommend for this patient:
   If checked, please provide specific suggestion.
   □ Provide Assistive Device(s):
   □ Removal of Communications Barrier:
   □ Provide Assistive Services:
   □ Removal of Architectural Barrier:
   □ Job Restructuring:
   □ Modified Work Schedule:
   □ Other:

2. Does the employee's medical or psychological condition necessitate this proposed accommodation?
   □ Yes   □ No
   Please explain:

3. Will the proposed accommodation enable this patient to perform the essential functions of his/her position?
☐ Yes ☐ No
Please explain:

I wish to discuss this matter further and am requesting that the [Agency Name] Human Resources Administrator contact me by phone at: [Phone number].

I, the undersigned health care provider, certify that the information I have provided regarding the above-referenced individual is complete and accurate to the best of my knowledge. I understand that my cooperation is necessary for the employer to make an accurate determination regarding my patient's reasonable accommodation request.

__________________________________________  __________________________
Health Care Provider's Signature          Date

__________________________________________  __________________________
Print Name                               License No.

__________________________________________  __________________________
Phone Number                Area of Practice
Delete the following instruction before printing by pressing the space bar:
PRINT ON AGENCY LETTERHEAD

Date: ___/___/___
Health Care Provider Name: ________________________________
Address: ________________________________________________
City, State, Zip: __________________________________________

Re: MEDICAL AUTHORIZATION AND RELEASE

TO WHOM IT MAY CONCERN:

Pursuant to my request for a reasonable accommodation under the Americans with Disabilities Act, my employer is authorized to determine whether I have a physical or mental impairment which limits a major life activity, to determine what restrictions I have that impact the duties of my position, and to evaluate the effectiveness of possible reasonable accommodations.

I hereby authorize and direct you, your office/practice, its Custodian of Records and/or persons in your employ to release medical information relating to my request for reasonable accommodation to my employer, _________________. This medical information may be released to: ________________ Human Resources Office, in order to evaluate my request for reasonable accommodation.

I do hereby request that the enclosed Health Care Provider Certification Form be completed as fully and completely as possible.

I do hereby release and hold harmless you, your organization or company, your officers, agents, employees, or independent contractors from any liability or damages, and I do hereby waive all claims or causes of action against you, your organization or company, your officers, agents, employees or independent contractors, which may result from furnishing the requested information.

This authorization to release my medical records will expire one year from the date signed. I have been advised that I have the right to receive a copy of this authorization.

Printed Name: ____________________________________________
Birth Date: ____/___/_____ Last 4 Digits of Social Security No.: __________
Address: ________________________________________________
Phone (w): __________________ Phone (c/h): __________________
Class/Title: __________________________ Agency Name: ______________

(Signature) ___________________________________________________________________________ (Date) ___________________________________________________________________________

DAS-DOP-ADA-Medical-Authorization-and-Release-Form-SoNH
Rev SEPT 17
Welcome to the New Hampshire Commission for Human Rights web site.

We are a state agency established by RSA 354-A for the purpose of enforcement of the law against discrimination in employment, public accommodations and the sale or rental of housing or commercial property, because of age, sex, sexual orientation, race, creed, color, marital status, familial status, physical or mental disability or national origin. The Commission has the power to receive, investigate and make findings on complaints of illegal discrimination and to hold public hearings. In addition, the Commission is committed to eliminating discrimination through outreach, training, research and education.

Telephone Interpretation Service:

If you are in need of the services of a language interpreter if English is not your first language, the Commission for Human Rights offers telephone interpretation of 150 languages for immediate or scheduled intake services or general questions.

Please call our main line 603-271-2767 press option #0 to request a language interpreter, or email the Commission at humanrights@nh.gov to make an appointment, be sure to state the language you will need interpreted.

For accommodations for persons with disabilities, please call our main line 603-271-2767 press option #0 or contact us through email at humanrights@nh.gov.

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**Announcements/Notices**

> The general court declares that practices of discrimination against any of its inhabitants because of age, sex, race, creed, color, marital status, familial status, physical or mental disability, sexual orientation or national origin... not only threatens the rights and proper privileges of its inhabitants but menaces the institutions and foundation of a free democratic state and threatens the peace, order, health, safety and general welfare of the state and its inhabitants. NH RSA Chapter 354-A:1 1965cswlbn

> NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS

COMMISSIONER'S MEETING

JUNE 7, 2018

4:15 PM

1. Approval of the May 3, 2018 Minutes
2. Staffing Updates
3. AG Administrative Law Workshop Rules book
4. DoIT information
5. Administrative Rules Update
6. EEOC Contract/Statistical Information
7. Backlog Elimination Update
8. PC Hearings
9. Non-Public Session
10. Other Business
11. Adjournment

---
Pregnancy Discrimination

Common questions/answers about pregnancy and maternity leave

1. **Is a pregnant woman entitled to maternity leave?**

2. **Is there a set period of time for maternity leave?**

3. **Is the employee entitled to full pay while on maternity leave?**

4. **Is the employee entitled to her job back after she recovers from childbirth?**

5. If the position is filled by another employee while the original employee is on maternity leave and the employer prefers the temporary replacement, can the employer refuse to provide the original job for the returning employee?

6. Can an employee be laid off or fired while pregnant or on maternity leave?

7. At what time in the pregnancy must an employee stop working?

8. If an employee experiences morning sickness or another related physical condition due to her pregnancy is she permitted to take leave during this time and then return to work for the remaining period of this pregnancy?

9. Must an employer provide health insurance coverage for pregnancy, childbirth and related medical conditions?

10. Must an employer provide health insurance coverage for dependents of employees for pregnancy related conditions?

11. If an employer provides fringe benefits for employees on disability leave, such as shorter returning hours, continued salary or others, must they be provided to the pregnant employee?

12. Is the employer required to grant leave for the purposes of childcare and bonding?

13. Can an employee collect worker's compensation or unemployment compensation when out of work due to pregnancy?

14. Are all employees covered by this legislation?

PREGNANCY DISCRIMINATION INFORMATION

1. **Is a pregnant woman entitled to maternity leave?**
   
   Yes, an employer must grant a female employee leave for the period of time she is physically disabled due to pregnancy, childbirth or related medical conditions.

2. **Is there a set period of time for maternity leave?**
   
   No, there is no set period of time for maternity leave. It is based on the period she is disabled as determined by a physician, usually the employee's personal doctor.

3. **Is the employee entitled to full pay while on maternity leave?**
   
   The general rule is that pregnancy must be treated in the same manner that the employer treats other temporary physical disabilities. Therefore, if the employer continues to pay other temporarily disabled employees, it must pay pregnant women. If the employer requires use of vacation and/or sick leave for temporary disabilities, then it may require the same for pregnancy.

4. **Is the employee entitled to her job back after she recovers from childbirth?**
   
   When the employee is physically able to return to work, her original job or a comparable position must be made available to her by the employer unless business necessity makes this impossible or unreasonable.

5. **If the position is filled by another employee while the original employee is on maternity leave and the employer prefers the temporary replacement, can the employer refuse to provide the original job for the returning employee?**
No, any change in position for the returning employee must be made for reasons of business necessity. An employer’s preference for one employee over the other cannot be a factor in this decision.

6. Can an employee be laid off or fired while pregnant or on maternity leave?
No, an employee cannot be laid off or fired while pregnant or on leave for reasons related to her temporary disability. However, an employee while pregnant or on maternity leave is not immune from a general and legitimate lay off of employees for performance requirements.

7. At what time in the pregnancy must the employee stop working?
An employee can work until she is physically unable to perform her job.

8. If an employee experiences morning sickness or another related physical condition due to her pregnancy is she permitted to take leave during this time and then return to work for the remaining period of pregnancy?
Yes, and employee may need temporary leave in the early stages of the pregnancy and then return to work until the end of the pregnancy.

9. Must an employer provide health insurance coverage for pregnancy, childbirth and related medical conditions?
If an employer provides health insurance coverage for temporary disabilities, coverage must include pregnancy, childbirth and related medical conditions. If the particular policy purchased by the employer excludes pregnancy, the employer will be considered to be self-insured regarding pregnancy and thus be responsible for all pregnancy-related costs equal to costs covered by the policy for other temporary physical disabilities.

10. Must an employer provide health insurance coverage for dependents of employees for pregnancy related conditions?
An employer must provide the same level of coverage for pregnancy related conditions of dependents that is provided for other medical conditions. This level of coverage does not have to be as high as employee coverage.

11. If an employer provides fringe benefits for employees on disability leave, such as shorter returning hours, continued salary or others, must they be provided to the pregnant employee?
Yes, an employer must provide the same benefits to those on leave for pregnancy related conditions as for other reasons.

12. Is the employer required to grant leave for the purposes of childcare and bonding?
No, the required leave is for the period of disability. If an employer permits childcare leave, it must be granted equally to both men and women employees.

13. Can an employee collect worker’s compensation or unemployment compensation when out of work due to pregnancy?
No, pregnancy is not covered by worker’s compensation or unemployment compensation benefits in the state.

14. Are all employees covered by this legislation?
Employees working for companies with more than six employees (full or part-time) are covered.

New Hampshire Commission for Human Rights
2 Industrial Park Drive, Concord, NH 03301
Pregnancy Discrimination

RSA 354-A:7 VI. Pregnancy Discrimination Prohibited

Pregnancy Laws

(a) For the purposes of this chapter, the word "sex" includes pregnancy and medical conditions which result from pregnancy.

(b) An employer shall permit a female employee to take leave of absence for the period of temporary physical disability resulting from pregnancy, childbirth or related medical conditions. When the employee is physically able to return to work, her original job or a comparable position shall be made available to her by the employer unless business necessity makes this impossible or unreasonable.

(c) For all other employment related purposes, including receipt of benefits under fringe benefit programs, pregnancy, childbirth, and related medical conditions shall be considered temporary disabilities, and a female employee affected by pregnancy, childbirth or related medical conditions shall be treated in the same manner as any employee affected by any other temporary disability.
Disability Discrimination

Both New Hampshire law and federal laws protect persons with disabilities against discrimination under certain circumstances.

New Hampshire law protects against discrimination on the basis of disability in housing, public accommodations, and employment. If you have questions about your rights under state law, you should call the Commission for Human Rights at 271-2767.

The Americans with Disabilities Act, a federal law, protects individuals with disabilities in employment, transportation, public accommodations, and communications services. Various agencies enforce the different Titles of this Act which deal with the separate areas of employment, transportation, etc.

Rules on Disability Discrimination

EMPLOYMENT

Title I of the ADA applies to businesses with 15 or more employees. Such employers may not discriminate in hiring or employment against persons with disabilities, mental or physical. They must also provide a reasonable accommodation to known physical or mental limitations of an otherwise qualified individual, unless to do so would impose an undue hardship on the employer.

A qualified individual with a disability means a person who, with or without reasonable accommodation, can perform the essential functions of the job.

A disability is a physical or mental impairment that substantially limits one or more major life activities such as seeing, hearing, speaking, or walking. The term also applies to someone with a record of impairment i.e., a history of cancer or alcoholism. Someone who is perceived or regarded as having a disability, such as a person disfigured in an accident, or someone with AIDS, is also protected under this statute.

A reasonable accommodation is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities. The three categories of accommodations are modifications to the application process, modifications to the work environment or manner or circumstances of work, and modifications that allow an employee to enjoy equal benefits and privileges of employment.

Undue hardship in providing reasonable accommodation means significant difficulty or expense. Undue hardship is determined on a case by case basis and refers not only to financial difficulty but to reasonable accommodations that are unduly extensive, substantial, or disruptive, or those that would fundamentally alter the nature or operation of the business.

It is a defense to a charge of discrimination based on disability that the employee posed a "direct threat" to the health or safety of himself or others in the workplace. Direct threat means a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation. The determination that an individual poses a direct threat should be made on an individual basis, assessing an individual's present ability to safely perform the essential functions of the job. It should be based on a reasonable medical judgment that relies on the most current medical knowledge and/or on the best available objective information, not on speculation or stereotypical thinking about certain disabilities. Factors to consider are: the duration of the risk; the nature and severity of the potential harm; the likelihood that the potential harm will occur; and the imminence of the potential harm.

The EEOC enforces the employment sections of the ADA. If you have questions about your rights under this statute, you can call the EEOC, or the Human Rights Commission, or you can click on to the EEOC website. Various other agencies enforce the other provisions, or can give you information.
Disability Discrimination
This list contains the telephone numbers of federal agencies and other organizations that provide information about the Americans with Disabilities Act (ADA) and informal guidance in understanding and complying with the ADA. These agencies and organizations are not, and should not be viewed as, sources for obtaining legal advice or legal opinions about your rights or responsibilities under the ADA.

ADA Telephone Information Services

**Department of Justice** offers technical assistance to the public concerning Title II and Title III of the ADA.

- ADA documents and questions: 800-514-0301 (voice)
- Electronic bulletin board: 202-514-6193

**Equal Employment Opportunity Commission** offers technical assistance concerning Title I of the ADA.

- ADA documents: 800-669-3362 (voice) 800-800-3302 (TDD)
- ADA questions: 800-669-4000 (voice) 800-669-6820 (TDD)

**U.S. Department of Transportation** offers technical assistance concerning the public transportation provisions of Title II and Title III of the ADA.

- Complaints & Enforcement: 202-366-2285 (voice) 202-366-0153 (TDD)
- Electronic bulletin board: 202-366-3764
- "Rural Transportation Assistance Program" 800-527-8279 (voice & TDD)

**Federal Communications Commission** offers technical assistance concerning Title IV of the ADA.

- ADA doc. & general ?s: 202-418-0190 (voice) 202-418-2555 (TDD)
- ADA legal questions: 202-634-1808 (voice) 202-632-0484 (TDD)
- Complaints & Enforcement: 202-632-7553 (voice) 202-632-0485 (TDD)

**U.S. Architectural and Transportation Barriers compliance Board, or "Access Board,"** offers technical assistance on the ADA Accessibility Guidelines.

- ADA doc. & general ?s: 800-872-2253 (voice) 800-993-2822 (TDD)
- Electronic bulletin board: 202-272-5448

**National Institute on Disability and Rehabilitation Research** has funded centers throughout the country to provide technical assistance concerning Title I, Title II, and Title III of the ADA.

- ADA technical assistance nationwide: 800-949-4232 (voice & TDD)
:: Disability Discrimination

The Internal Revenue Service can provide information about these tax code provisions.

Other Related Information Services

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<thead>
<tr>
<th>Service</th>
<th>Voice</th>
<th>TDD</th>
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<tr>
<td>Tax code information</td>
<td>800-829-1040</td>
<td>800-829-4059</td>
</tr>
<tr>
<td>To order Publication 907</td>
<td>800-829-3576</td>
<td>800-829-4059</td>
</tr>
</tbody>
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U.S. Department of Housing and Urban Development provides technical assistance concerning the accessibility standards that apply to residential facilities under the Fair Housing Act Amendments.
Fair Housing Act Amendments

U.S. Department of Transportation provides technical assistance concerning the accessibility standards that apply to air transportation under the Air Carrier Access Act (ACAA).
ACAA technical assistance
ACAA complaints and Enforcement

Federal Communications Commission provides technical assistance concerning the accessibility standards that apply to telephones under the Hearing Aid Compatibility Act.
Hearing Aid Compatibility Act

U.S. Department of Labor, Office of Federal Contract Compliance Programs provides technical assistance concerning the accessibility standards that apply to federal contractors.
Section 503 of the Rehabilitation Act

New Hampshire Commission for Human Rights
2 Industrial Park Drive, Concord, NH 03301

nh.gov | privacy policy | accessibility policy

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https://www.nh.gov/hrc/disability/other.html

6/14/2018
MEDIATION RESOLUTION PROGRAM

An alternative informal way to resolve a complaint of discrimination based on age, race, color, sex, disability, national origin, religion, sexual orientation or marital and familial status.

What is the Mediation Program?

The New Hampshire Commission for Human Rights (NHCHR) provides a voluntary mediation program to assist parties in reaching a satisfactory mutual resolution to a complaint. It is an informal way of settling disputes without going to court. In mediation, both parties sit down face-to-face with a trained mediator. No judge is present. The mediator helps you arrive at a solution.

Why would I want to mediate?

- **Mediation Works.** Mediation is a successful alternative in many human rights complaints. You can create a solution respectful of both parties.
- **Mediation is Quicker.** Working with a trained professional mediator is often less stressful. Though you may still have a lawyer, your dispute can often be settled in much less time, with no court costs.
- **Mediation is Confidential.** Mediation can preserve your privacy: there is no investigation prior to the mediation. The session is held in strict confidence.
- **Mediation Agreements are Binding.** The resolution, if accepted by both parties, is binding, just as a court judgment is.

How does the program work?

When a complaint is filed, both parties are notified of the mediation option. If both sides agree and the claim is suitable for mediation, you are referred to a mediator. You are asked to prepare a detailed questionnaire and to sign an agreement to mediate. You may include any other documentation you feel is necessary. Notice of the conference date is sent to both parties with a fact sheet advising the parties of the remedies available under relevant laws.

What disputes are often mediated?

Most suits can be resolved where the parties agree in good faith to mediate and are not trying to establish right and wrong. Additional factors which favor a successful mediation are:

- The parties are interested in a quick resolution and minimization of cost;
- The law on the issue is well-settled;
- The position of both parties have some merit.

Do I need to prepare to mediate?

Yes, preparation is important. Both parties need to be prepared to tell what happened from their perspective and to identify the solutions they seek. You should review the material sent regarding the legal remedies for discrimination. You may want to seek legal advice to clarify issues. The mediator will not advise as to any legal or tax issues.

What if mediation fails?

If you are unable to reach a satisfactory resolution, you may withdraw at any time. Your complaint will be assigned for investigation or returned to the investigator previously working on it. The mediator will have no further involvement. Information conveyed during the mediation will be unavailable to the investigators. There will be no penalty or advantage from having used mediation.

How do I notify the commission I want to mediate?
Call the investigator assigned to the case, or the assistant director.

**Ground Rules for a mediation conference...**

At the mediation conference, both parties must agree to a basic set of ground rules including:

- Both parties have equal opportunity to share concerns and issues.
- An experienced, trained mediator will ask questions to gain clarification.
- Parties maintain mutual respect.
- The process is confidential.
- The conference is not for discovery, note taking is limited.
- The conference is not a forum for arguing the merits of the case.
- You may bring an advisor or representative.

**Why does mediation work?**

- Parties create their own agreement.
- Neither party is blamed.
- Each party negotiates the changes necessary to resolve the conflict.
- Facts, feelings and interests are communicated with the help of a trained, neutral mediator.
Hello,

Below please find the instructions on how to complete the State of New Hampshire online Sexual Harassment Training. This training takes approximately 15 minutes. Please be sure to complete this training by 07/09/2018. Once completed please print your competition certificate and provide me with a copy.

Instructions:
2. Select “Online Classes for State Employees”
3. Sign in using your NH First credentials (username: firstname.lastname example: John.Smith)
4. Select “All State Employees”
5. Select “2018 Sexual Harassment Policy Training”
Thank you,

Ashley Rennie
Human Resource Coordinator

Office of the Commissioner
Department of Business and Economic Affairs
State of New Hampshire
P: 603-271-0415
visitnh.gov // Facebook and Twitter: VisitNH
nheconomy.com // Facebook and Twitter: NH-Economy

CONFIDENTIALITY NOTICE: This e-mail message and any attachments may contain confidential information and proprietary information. If you are not the intended recipient, please be informed that you have received this message in error. Please notify the sender immediately via the contact information listed above, and delete the message and all the attachments from your files. Thank you for your cooperation.
CERTIFICATE of ACHIEVEMENT

This is to certify that

Bonnie Stjean1

has completed the course

2018 Sexual Harassment Policy Training

July 5, 2018
Governor's Advisory Council on Diversity and Inclusion

The Governor's Advisory Council on Diversity and Inclusion was established by Executive Order 2017-09 on December 14th, 2017. The Council is charged with working cooperatively with the New Hampshire Commission for Human Rights, the Civil Rights Unit of the New Hampshire Department of Justice, and any other relevant State entities to:

- Review and analyze New Hampshire laws, regulations, and agency policies and procedures, and recommend changes or amendments, where necessary, to further combat discrimination and advance the ends of diversity and inclusion;
- Identify and recommend ways in which the State can support local and community efforts, through educational programs or otherwise, to combat discrimination and advance diversity and inclusion;
- Identify and recommend ways in which the State can partner with non-governmental organizations to combat discrimination and advance diversity and inclusion; and
- Identify and recommend revisions to RSA 354-A and the scope of the duties of the Commission for Human Rights to combat discrimination and advance diversity and inclusion.

All meetings of the Council are public, and all members of the public are invited to attend. If you are interested in participating in the Council's work or have any questions, please contact Rogers Johnson, Council Chair, at rogersjohnson@yahoo.com.
GOVERNOR'S ADVISORY COUNCIL ON DIVERSITY AND INCLUSION

BYLAWS

April 19, 2018

ARTICLE I – NAME, PURPOSE, OBJECTIVES

Section 1 – Creation
This advisory council was created by Executive Order 2017-09 and shall be called the Governor's Advisory Council on Diversity and Inclusion.

ARTICLE II – MEMBERSHIP AND OFFICERS

Section 1 – Membership.
Membership is defined by Executive Order 2017-09. All members of the advisory council are volunteers and do not receive compensation for or related to their services as advisory council members.

Section 2 – Duties of the Members.
Members are expected to attend all meetings in person, be on time, adhere to the requirements of RSA 91-A, and be familiar with the Robert’s Rules of parliamentary procedure.

Members are expected to accept assignments and perform the tasks given to them in a timely manner.

Members must be open-minded, fair, and courteous in meetings.

Members are expected to familiarize themselves with the issues or problems that come before the advisory council.

Members have a responsibility to courteously call any concerns with the operation of council to the chair, and if the concerns continue, to the attention of the membership.

Members are expected to respect the decisions of the council.

Section 3 – Officers.
Officers will include a chair, vice chair, and a secretary.

The Governor will select the chair. The advisory council shall elect the vice chair and the secretary.

The advisory council will elect the vice chair and the secretary at the first meeting held in January of each year. Elections will begin in January 2019. Upon the resignation of the vice chair or the secretary, the advisory council will fill the vacancy by election at the next advisory council meeting.

Section 4 – Terms for Officer Positions.
The chair will serve at the pleasure of the Governor. The vice chair and the secretary will serve one-year terms and may be re-elected.

Section 5A – Chair Responsibilities.
The chair signs all documents on behalf of the advisory council, supervises the activities of the advisory council, represents or speaks for the advisory council; and presides at meetings.

The chair shall preside over all meetings consistent with parliamentary procedure, including keeping order, remaining fair and open-minded, and ensuring all members of the advisory council have an equal opportunity to meaningfully participate.

The chair shall work with the secretary to create meeting agendas.

The chair will conduct the meeting as outlined on the agenda, unless the council by motion and majority vote approves to amend the agenda.

Section 5B – Vice Chair Responsibilities
The vice chair shall assume the role of the chair when the chair is unavailable.

Section 5C – Secretary Responsibilities
The secretary shall:

Keep all of the advisory council’s records on file and keep an up-to-date list of all the members.

Promptly provide copies of all the advisory council’s records to the Governor’s office so that the same may be posted on the advisory council’s webpage.
Notify members of their election to office or appointment to working groups and subcommittees, and furnish them with the proper documents.

Maintain the official documents of the organization in accordance with RSA 91-A, including the bylaws, rules of order, standing rules, correspondence, and minutes.

Notify members of each forthcoming meeting or event.

Take minutes at all meetings in compliance with RSA 91-A, handle correspondence, and prepare the agenda for the meetings.

Provide draft minutes to the council for review and approval and the next monthly meeting.

Ensure that meeting minutes are written and open to public inspection not more than five business days after a meeting.

Bring to each meeting the minutes book, bylaws, rules, membership list, a list of committees and their membership, the agenda, records, ballots, and any other necessary supplies.

Preside over the meeting in the event that the chair and vice chair are unavailable.

Section 6 – Nomination.

Any member may bring forth a nomination for vice chair or secretary. Any member may nominate oneself.

Section 7 – Voting.

The Council will elect the vice chair and secretary by voice vote. The vice chair and the secretary must be elected by a majority of the advisory council membership. In the event that no candidate receives a majority of the vote, the advisory council shall conduct a second vote between the two candidates receiving the highest number of votes during the first voting session.

If any member of the council is participating in a vote by telephone, the chair must conduct a roll-call vote.

ARTICLE III – MEETINGS

Section 1 – Quorum.

The advisory council convenes a quorum when a majority of the members is physically present at a particular location. A majority requires fifty percent plus one of the advisory council’s total membership. The council may not establish a quorum through telephonic or electronic presence.

Section 2 – Regular Meetings.

The advisory council will hold at least one meeting per month in Concord, New Hampshire, unless a majority of the membership agrees upon an alternate location. The chair may cancel and reschedule any meeting in the event that it falls on a federal or state holiday. The chair may also cancel and reschedule a meeting on an emergency basis.

Section 3 – Additional Meetings.

The Council may schedule additional meetings when necessary by a majority vote of the membership.

Section 4 – Notice of Meetings.

Notice of all meetings will be posted in at least two locations at least twenty-four hours prior to the commencement of a meeting. The secretary shall also provide notification of all meetings to members via the email address provided by each member. Any member may arrange an alternative notification method if notification by email is not feasible or practical.

Section 5 – Agenda.

The chair and the secretary will develop the agenda for each meeting. The chair will submit the agenda to the secretary at least three days in advance of the next-scheduled meeting.

Members may submit proposed agenda items to the secretary at least two days in advance of the next-scheduled meeting. The secretary must add all proposed items to the agenda in the order received.

If the council does not reach an agenda item during a meeting session, the secretary will automatically add any unreached item to the agenda for the advisory council’s next meeting with priority.
The secretary will submit the draft agenda to the Attorney General, or designee, one day before the next-scheduled meeting. The Attorney General, or designee, will format the agenda and bring copies thereof to the meeting.

Section 6 – Minutes

The secretary must keep meeting minutes that must include:

- The names of the members present;
- The names of persons appearing before the body;
- A brief description of each subject discussed; and
- A description of all final decisions made, including all decisions to meet in non-public session.

“Final decisions” include actions on all motions made, even if the motion fails. A clear description of the motion, the person making the motion, and the person seconding the motion should also be included.

ARTICLE IV – MOTIONS AND VOTING

Section 1 – Presentation of Business.

The advisory council may accept information and presentations from members of the council and the public. The advisory council may discuss and debate the contents thereof by orderly discussion.

Section 2 – Presentation of Action-Items.

Action items must be presented by motion consistent with parliamentary procedure. Action-items are any formal or informal action taken on behalf of the council or in the council’s name. This includes, but is not limited to, sponsoring a public event or releasing a formal report or recommendation to the Governor.

Upon such a motion, the chair shall open debate or discussion on the action-item proposal. Such debate and discussion shall be conducted consistent with parliamentary procedure.

The chair must ensure that each member desiring to speak on a particular action-item has the opportunity to do so before permitting a member to speak for a second time on the same topic.

Section 3 – Voting.

A majority of the council membership must adopt motions related to action items.

A majority of the membership participating at a meeting at which there is a quorum must adopt all other motions.

Two-thirds of the Council membership is required to pass a motion to adopt, amend, or suspend the rules of the council.

If any member of the council is participating in a vote by telephone, the chair must conduct a roll-call vote.

ARTICLE V – WORKING GROUPS AND SUBCOMMITTEES

Section 1 – Creation

The council may create working groups and standing committees by a majority vote of the members present at a meeting at which there is a quorum.

The council should consider creating a standing subcommittee, rather than convening a working group, when it intends to convene the group on a standing basis, rather than a temporary basis. The council shall clearly designate any such convened group as a working group or a subcommittee at its inception.

Section 2 – Membership

Working-group and subcommittee membership will be on a voluntary basis.

Working groups may be of any size, but will typically include three or four council members. Working groups may also engage members of the public.

Subcommittees may also be of any size, but will typically include three or four council members. Subcommittees may also engage members of the public.

Section 3 – Leadership

Working groups and subcommittees may elect their own chair and vice chairs, as necessary.
Section 4 – Meetings

All subcommittees and working groups comprised of a quorum of the advisory council must comply with the meeting procedures outlined in Article III, except that any reference to the “chair” in Article III shall refer to the chair of the working group or subcommittee, if any, for purposes of meetings conducted pursuant to Article V.

Subcommittees must comply with the requirements of RSA 91-A.

If a working group’s membership includes a quorum of the council membership, it must also comply with the requirements of RSA 91-A.

Working groups and subcommittees are responsible for ensuring that they conduct all meetings consistent with the requirements of RSA 91-A, as necessary, including posting notice of meetings, maintaining minutes, and maintaining its records. Working groups and subcommittees are also responsible for forwarding all public records, agendas, and minutes to the advisory council secretary, as necessary.

Section 5 – Function

Working groups and subcommittees may only undertake the tasks authorized by the council. Working groups and subcommittees shall not have any authority greater than that of the council or granted thereto by the council. Working groups and subcommittees may work with members of the public to fulfill their charge. A working group or subcommittee may move to increase its authority at any meeting at which a quorum is present.

Working groups and subcommittees do not have the authority to bind or make any decision, recommendation, or representation on behalf of the council. Rather, working groups and subcommittees must present their findings and recommendations to the council for approval.

Working groups and subcommittees will provide updates at monthly council meetings, as necessary.
Governor's Advisory Council on Diversity and Inclusion

June 1, 2018

His Excellency Christopher T. Sununu
Governor of the State of New Hampshire
State House
107 North Main Street
Concord, NH 03301

Dear Governor Sununu,

Pursuant to Executive Order 2017-09, please accept the enclosed preliminary report of the Governor's Council on Diversity and Inclusion. The purpose of this report is to summarize the Council's actions to date; to establish the Council's mission, vision, and scope; and to outline the Council's anticipated next steps for the upcoming year.

The Council notes that this report comes after it has conducted only three listening sessions. Thus, the report contains a sampling of the information received during these early sessions. The Council will continue to conduct listening sessions throughout the State during summer and fall 2018, as previously announced.

Sincerely,

Rogers Johnson, Chair

Governor Christopher T. Sununu established the Governor's Advisory Council on Diversity and Inclusion (the "Council") by Executive Order 2017-09 on December 14, 2017.

Pursuant to Executive Order 2017-09, the Council works cooperatively with the New Hampshire Commission for Human Rights, the Civil Rights Unit of the New Hampshire Department of Justice, and other relevant state entities to:

A. Review and analyze New Hampshire laws, regulations, and agency policies and procedures, and recommend changes or amendments, where necessary, to further combat discrimination and advance the ends of diversity and inclusion;

B. Identify and recommend ways in which the State can support local and community efforts, through educational programs or otherwise, to combat discrimination and advance diversity and inclusion;

C. Identify and recommend ways in which the State can partner with non-governmental organizations to combat discrimination and advance diversity and inclusion; and

D. Identify and recommend revisions to RSA 354-A and the scope of the duties of the Commission for Human Rights to combat discrimination and advance diversity and inclusion.

The Council is comprised of representatives from governmental agencies and non-profit organizations, and members of the public, as follows:

a. Attorney General, or designee;

b. Commissioner of the Department of Safety, or designee;

c. Commissioner of the Department of Education, or designee;

d. Chancellor of the University System of New Hampshire, or designee;

e. Chancellor of the Community College System of New Hampshire, or designee;

f. Commissioner of the Department of Health and Human Services, or designee;

g. Commissioner of the Department of Administrative Services, or designee.
h. Commissioner of the Department of Labor, or designee;
i. Chair of the New Hampshire Commission for Human Rights, or designee;
j. Representative from the New Hampshire ACLU, appointed by and serving at the pleasure of the Governor;
k. Representative from the New Hampshire Police Chiefs Association, appointed by and serving at the pleasure of the Governor;
l. Representative from the New Hampshire Sheriffs Association, appointed by and serving at the pleasure of the Governor;
m. Representative from the New Hampshire Municipal Association, appointed by and serving at the pleasure of the Governor;
n. Two public members with leadership experience in cultural competency, diversity, and inclusion, appointed by and serving at the pleasure of the Governor;
o. Two additional members appointed by and serving at the pleasure of the Governor; and
p. One additional member who shall serve as Chair of the Commission, appointed by and serving at the pleasure of the Governor.

The Council first met on February 8, 2018, at the Executive Council Chambers in Concord, New Hampshire. The full Council has held three additional business meetings and has conducted three listening sessions, which are discussed in more detail below.

The Council issues this preliminary report pursuant to Executive Order 2017-09. The purpose of the report is threefold: (1) to summarize the Council’s actions from its inception in January 2018 to the present; (2) to state the Council’s mission, vision, and scope; and (3) to outline the Council’s anticipated next steps for the upcoming year.

STATEMENT OF MISSION, VISION, AND SCOPE

Executive Order 2017-09 defines the Council’s authority and charge. In order to more succinctly define its purpose when meeting with the public across the State, the Council collectively determined that it was important to define for itself a mission, vision, and scope that are consistent with the enabling Executive Order. This additional measure ensures that there is a uniform understanding of the Council’s responsibilities and goals.

Mission: The New Hampshire Governor’s Advisory Council on Diversity and Inclusion engages in meaningful dialogue with and gathers input from all State residents, visitors, and community organizations in order to inform, strengthen, and advise the Governor of New Hampshire regarding the State’s laws, regulations, and policies. We aim to analyze existing systems and determine how to make them more accessible and responsive so that all residents can live free of discrimination and have a full opportunity to participate and prosper in our communities.

Vision: To create and support a state that fosters a culture of inclusion where all people experience mutual respect, safety, equality, and equity and where they enjoy full access to systems, services, and opportunities to participate without fear of discrimination or bias.

Scope of immediate work: The Governor’s Advisory Council on Diversity and Inclusion will engage residents and visitors from all New Hampshire communities through the facilitation of listening sessions and small-group meetings to gather critical data and information in order to serve as a resource to the Governor on key issues for the improvement and responsiveness of government systems and policies as they relate to diversity and inclusion.

Executive Order 2017-09 relies heavily on the terms “diversity” and “inclusion” but does not define them. Accordingly, the Council again determined that it was necessary to establish a common definition of these terms in order to ensure that all members are working toward the same goals. The Council also received feedback regarding the need to define these terms during its initial listening session. The Council’s working definitions of “diversity” and “inclusion” are as follows:
Diversity: Representation of different types of people, voices, and ideas. Each individual is unique. The concept of diversity encompasses acceptance, respect, and recognition of our individual differences—be it along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or another identity and ideology.

Diversity means more than just acknowledging and/or tolerating difference. Diversity is a set of conscious practices that involve:

- Understanding and appreciating interdependence of humanity, cultures, and the natural environment.
- Practicing mutual respect for qualities and experiences that are different from our own.
- Recognizing that personal, cultural, and institutional bias, discrimination, and oppression create and sustain privileges for some while creating and sustaining disadvantages for others.
- Understanding of differences so that we can work together to eradicate all forms of discrimination.

Inclusion: The active, intentional, and ongoing engagement of diversity—with people, society, ideas, voices, services, and in communities (intellectual, social, cultural, geographical) with which individuals might connect. Inclusion fosters a sense of belonging and promotes everyone’s ability to exist in systems and access services equitably and equally. An inclusive culture allows people feel respected and valued for who they are as an individual or group, while at the same time feeling “part of” the larger culture.

Inclusion rejects the “one-size-fits-all” concept and requires a willingness to analyze and deconstruct systems and institutions that perpetuate bias, discrimination, inequality, and inequitability. Inclusion demands a shift in mindset and culture to allow all people to engage as full participants in society.

The value of an inclusive society is that it increases one’s awareness, content knowledge, cognitive sophistication, and empathic understanding of the complex ways individuals exist and interact.

The Council will continue to develop and deepen its understanding of these and related concepts.

LISTENING SESSIONS

A. Format and Sample Participant Feedback

Pursuant to Executive Order 2017-05, the Council began planning and holding community listening sessions in March 2018. The purpose of the listening sessions is to create statewide forums through which community members can share their experiences living and working in New Hampshire, particularly as they relate to acts of discrimination, bias-motivated incidents, and an overall feeling of inclusion within the State. The Council will use these shared experiences to identify areas of concern and in need of improvement within the State, and make recommendations to the Governor’s office regarding how to address them.

As of the date of this report, the Council has conducted three listening sessions in the following locations: Durham, Portsmouth, and Claremont. Attendance varied by location, from approximate 80 people in Durham to 20 in Claremont, exclusive of Council members. The Council used a similar format for the first two sessions—small, facilitated group discussions followed by a large, facilitated group discussion. In Claremont, the Council facilitated one large discussion. In each listening session, in addition to the facilitated sessions, participants were afforded the opportunity to provide anonymous feedback. Dr. Dottie Morris was the moderator for each session.

The listening sessions are forums solely for the Council to capture qualitative information about people’s experiences in New Hampshire related to diversity and inclusion. By definition, the yielded information is not intended to be representative. Below is a sampling of the information collected during the Council’s first three listening sessions. Please note that these are not the conclusions of the Council, but rather the sentiments expressed by participants during the first three listening sessions:
A number of participants stated that they do not feel that New Hampshire is a “welcoming” environment for all races, ethnicities, religions, and identities; specifically, participants commented that the State fails to sufficiently acknowledge, accept, and celebrate identities and culturally significant events outside of the dominant culture.

Some participants expressed that they have had great personal experiences living in New Hampshire and described it as a “great place to live,” but acknowledged that not everyone in New Hampshire shared that experience.

Some participants liked the fact that neighbors trust and support one another, that they have easy access to politicians, and that it is a small enough state that they can make a difference.

Participants noted that they experience and observe barriers to societal participation and accessibility to institutions (i.e., cost of higher education, lack of reliable public transportation, lack of affordable housing, lack of language support), which discourages younger and underrepresented individuals from coming to, remaining in, and thriving in New Hampshire.

A number of participants from each session stated that the education curriculum is antiquated and lacks diversity and representation. This included concerns that their schools focus too much on the ideas and accomplishments of dominant groups, and in doing so, fail to acknowledge the ideas, accomplishments, and value of other groups. Participants also noted that New Hampshire schools generally lack diversity and representation in educational staff and faculty. However, some parents expressed satisfaction with their children’s educational experiences and stated their schools had good students and were loving spaces.

Participants noted that New Hampshire still lacks sufficient protection for transgender and gender non-conforming individuals (while the passage of HB1319 helps this point, it does not eliminate the issue).

A number of participants expressed that many New Hampshire residents do not understand the concept of whiteness and the role it plays in systems of oppression.

Immigration advocates and some members of immigrant and refugee communities expressed that they do not feel that they have received sufficient assurance from government and/or law enforcement that they are safe and need not fear detention and/or deportation.

Some individuals with disabilities stated that they are unable to secure gainful employment despite completion of vocational and training programs, highlighting the potential insufficiency of the existing programming.

The Council has been encouraged by some participants, especially city officials and community members from Claremont, who have demonstrated a commendable commitment to self-reflection, self-critique, and self-improvement related to understanding systems of oppression, and how one’s place in dominant societal groups can insulate them from experiencing, understanding, and acknowledging these systems. Further, some educators and community organizers shared small-scale partnerships and collaboration within their communities that focus on creating inclusive climates and programming to address issues of access, race, and student well-being. The Council is encouraged that the listening sessions have provided a forum through which it can identify such individuals and initiatives within geographic communities.

The Council will maintain a database that details and records the feedback from each session. It will analyze and examine the compiled information once it completes its first round of listening sessions. The Council anticipates that this information will inform and comprise a significant portion of its initial recommendations to the Governor’s office.

The Council will continue to conduct listening sessions in summer and fall 2018. The anticipated locations for these sessions include Nashua, Manchester, Concord, the Lakes Region, the Monadnock Region, the Upper Valley, and the North Country. The Council also plans to visit the State’s college and university campuses.

B. Improvements to Methods and Processes

The Council analyzed its past listening sessions to identify ways to adapt its methods and procedures to maximize output and engagement going forward.

First, several Council members identified a need to engage in more community-based groundwork prior to each session. Individuals and community organizations across the State...
have echoed this sentiment. Individual council members made significant efforts to reach out to their personal and professional contacts in advance of already-planned listening sessions. However, the Council acknowledges that improvements in group engagement strategies, community outreach, and collaboration continue to be a critical goal. The Council intends to strengthen its process going forward by collaborating with communities and community organizations to schedule, plan, and conduct its listening sessions. This process will also ensure that communities have more advanced notice of listening sessions, which has been an issue to date. A number of local organizations and initiatives, including the Racial Health Working Group in Claremont, the Endowment for Health in Concord, the Racial Unity Team in Exeter, and the Indonesian Cultural Center in Dover, have expressed interest in future collaboration with the Council.

Second, the Council will also seek opportunities to learn about ongoing community-based efforts to foster diversity and inclusion. The Council has sought input regarding the problems that individuals experience throughout the State. However, the Council was not charged with simply highlighting problems related to diversity and inclusion, but also with proposing solutions. The Council can learn from others' successes, and can use existing efforts to foster inter-community collaboration as a model for statewide solutions to identified problems. Moreover, through this engagement, the Council will be able to support and assist community-based initiatives to promote diversity and inclusion.

Third, while the Council believes that the listening sessions are valuable and worthwhile, they are insufficient to capture all voices and to reach all communities. For example, discussions at the listening sessions to date have tended to center on race and immigration, which are undoubtedly important topics, but do not comprise the entirety of the Council’s charge. The Council is now more cognizant that some community members may be less inclined to discuss other topics—such as gender identity, sexual orientation, religious beliefs, and immigration status—or to identify themselves generally in a public, listening-session forum. Thus, the Council will be more deliberate about identifying other, more confidential ways to meet and engage with the public and various communities. This may include developing an online-submission process and facilitating more individualized discussions with specific groups. The information gathered will still be a part of the report and will follow the format used to date of not using any identifying factors when collecting the data.

Fourth, the Council continues to seek ways to assure the communities and individuals participating in this work that their time and participation will result in a commitment to addressing their experiences of bias and discrimination. This is, perhaps, one of the more difficult aspects of this work, but it is a critical component, as without the voices at the table, the Council will not be able to put forth the recommendations needed for change.

Accordingly, the Council will focus on community engagement and outreach over the summer, particularly with regard to some of the State’s larger communities. The Council hopes that by developing community relationships and partnerships, it will not only improve the listening sessions, but position itself, for example: (1) to more precisely identify what the State and local communities are doing well with regard to diversity and inclusion, (2) to determine how to replicate those successes on a larger scale; (3) to identify what is preventing ongoing efforts from being more successful; and (4) to identify systemic deficiencies in need of immediate attention related to diversity and inclusion.
Preliminary Recommendations

The purpose of this preliminary report is to summarize the Council’s actions to date and to outline the Council’s anticipated next steps for the upcoming year. Over the course of the next year, the Council will make recommendations to the Governor’s office as required by Executive Order 2017-09. However, the Council identified two areas of concern that it wishes to raise now.

First, the State is poised to amend the New Hampshire Law Against Discrimination to add gender identity as a prohibited basis of discrimination in employment, housing, and places of public accommodation. If enacted, there are a number of other state statutes that reference identity-based classes, such as the Civil Rights Act (RSA 354-B) and the hate-crime enhancement statute (RSA 651:6, I(f)), that do not expressly include gender identity as a protected class. In order for New Hampshire and its communities to fully ensure and protect the civil rights of their transgender and gender non-conforming residents and visitors, all statutes, ordinances, regulations, and policies that reference identity-based classes should be amended to include gender identity as an express protected class, so as to align with the Law Against Discrimination.

Second, visibility and acknowledgement are prerequisites for all individuals and communities to feel included and valued in society as a whole. Our society will be stronger and more cohesive if we work to celebrate and recognize the full history of the identities, cultures, religious holidays, and milestone events that affect and define all communities throughout the State. There are examples of these acknowledgments on a community-by-community basis but very few are recognized at the state level.

New Hampshire appears to be behind other states in this endeavor. For example, Juneteenth is an important holiday, particularly within Black and African-American communities, as it commemorates the end of slavery in the United States. Many see it as America’s other Independence Day. Forty-five states currently recognize Juneteenth as a day of observance. New Hampshire, Hawaii, Montana, North Dakota, and South Dakota are the only states that do not.

The Council therefore recommends the Governor’s office, state agencies, and local governments and entities examine how they observe and celebrate the identities, cultures, holidays, and events of communities that have been historically underrepresented in New Hampshire, and identify ways to bring visibility, and public acknowledgement and recognition to those communities and individuals. Given the importance of this issue, the Council anticipates presenting more specific recommendations on this point in the future.
ANTICIPATED NEXT STEPS

Summer 2018
1. Coordinate and finalize dates, locations, and times for statewide listening sessions
2. Engage in targeted outreach in various communities to develop local partnerships and to assist with planning summer and fall 2018 listening sessions
3. Continue to conduct listening sessions
4. Engage and support ongoing community-based initiatives that promote diversity and inclusion
5. Begin to engage in targeted, community-based discussions with individuals and/or groups who may not be inclined or able to attend formal listening sessions
6. Coordinate training and learning sessions for council members to develop and deepen understanding of diversity and inclusion-related issues—for example, cultural competence, implicit and overt bias, and systemic discrimination and oppression
7. Engage with the New Hampshire Commission for Human Rights regarding existing process and procedure toward the end of proposing revisions to RSA 354-A

Fall 2018
1. Continue to conduct first round of listening sessions
2. Continue to engage in targeted, community-based discussions with individuals and/or groups who may not be inclined or able to attend formal listening sessions
3. Identify any legislative recommendation in advance of 2019 legislative session

Winter 2018
1. Complete first round of listening sessions
2. Synthesize gathered information and identify precise areas of focus for first formal recommendations to Governor
3. Make preliminary recommendations to Governor, as necessary and appropriate
4. Engage with community partners and solicit input related to substance of formal recommendations to the Governor
5. Promote and support legislative agenda
6. Begin to outline formal report to the Governor