Reasonable Accommodation Coordinators Handbook

Revised 2005
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INTRODUCTION

This Staff Accommodation Handbook is being provided to (Insert DEPARTMENT name) managers and employees to ensure that all staff has a shared level of basic information about the staff accommodation process. The Handbook was developed to assist the department with compliance with the Americans with Disabilities Act (ADA) and other applicable state laws and policies. It was modeled on previous documents, which Michigan Rehabilitation Services (MRS) and the Department of Career Development have used in the past.

The Handbook also provides information on resources and staff roles and responsibilities. Any questions not answered in the Handbook can be addressed to your immediate supervisor or to the department Reasonable Accommodation Coordinator (RAC), (Insert RAC Name), at (Insert phone number), or his/her assistant, (Insert name), at (insert phone number). (See listing of bureaus for your contact.)

The Handbook contains copies of the Civil Service forms used for the accommodation process. These forms can be copied and used by staff, can be downloaded from the Intranet or Civil Service web site, or forms can be obtained by contacting the RAC. The confidentiality of medical information provided in the accommodation process is taken very seriously. This information will be kept in the RAC’s secured files and will only be shared with persons when absolutely necessary to the accommodation process.

Please note that information and resources in this Handbook address the accommodation needs of staff who have disabilities. In addition, the department is committed to ensuring sound ergonomic design in the workplace for all staff. If an employee requests an accommodation but doesn't have a disability as defined by federal or state law (see article following), the employee will be referred to his/her supervisor and the department's Ergonomics contact, (Insert name), for evaluation of appropriate workplace adjustments.
DISABILITY AS DEFINED BY THE ADA

USA Today, December 18, 2002,
Disability as Defined by the ADA
By Jane Howard-Martin, special for USAToday.com

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits employment discrimination against “qualified individuals with disabilities.”

Determining who is a “qualified individual with a disability” is a complicated process. Under the ADA an individual has a disability and is protected by the law if he or she has an “impairment” that “substantially limits” one or more “major life activities.”

What is impairment?

The concept of “impairment” includes physiological as well as mental or psychological conditions. A physiological impairment is a disorder or condition, a cosmetic disfigurement or an anatomical loss affecting any of the major body systems. A psychological or mental impairment includes most disorders, such as mental retardation, organic brain syndrome, emotional or mental illness and special learning disabilities. Under this inclusive definition of “impairment” a broad range of conditions have been protected under the ADA, including:

- Heart conditions
- Depression
- AIDS
- Epilepsy
- Diabetes
- Blindness
- Schizophrenia
- Mobility impairments

What does “substantially limits” mean?

The impairment must “substantially limit” one or more major life activities. A substantial limitation is more than inconvenient or bothersome. Determining whether an impairment is substantially limiting is done on a case-by-case basis.

What is a major life activity?

The term “major life activity” has been expansively defined. Court decisions in various jurisdictions now include the ability to:

- Provide self-care
- Perform manual tasks
- Walk
- See, hear, speak
- Reproduce
- Breathe
Is it still a disability if medication corrects the deficiencies caused by the impairment?

The determination of whether an individual’s major life activities are “substantially limited” must take into account the effects of “mitigating measures.”

The Supreme Court has emphasized that impairment must in fact limit an individual in their life. For example, individuals with severe depression are not protected by the law if medication allows them to perform their jobs without exhibiting any symptoms. A person with corrective lenses is not disabled if the glasses enable him or her to see. However, an individual with polio who wears a brace may still be disabled despite the fact that the brace enables participation in a number of physical activities, because the brace also limits the range of motion and causes a limp.

Who is a “qualified employee?”

An individual with a disability must also be qualified in order to be protected from discrimination by the ADA. A person with a disability is qualified if he or she meets the legitimate skills, experience, education or other requirements of the position he or she seeks or holds.

Contributing: Jane Howard-Martin is a graduate of Harvard Law School and has practiced employment law for 15 years. E-mail her at JaneHowardMartin@aol.com. Copyright 2002. Jane Howard-Martin. This article should not be construed as legal advice or a legal opinion on any specific facts or circumstances. State employment laws vary; make sure to check what those laws are.

Source:
http://www.usatoday.com/money/jobcenter/workplace/employmentlaw/2002-12-18-ada-defined_x.htm
http://www.dol-union-reports.gov/odep/pubs/rwa00/appendixa.htm
(long URL, copy and paste into browser)
Accommodations Decisions Chart

If a request for accommodation is made, the following chart can assist the employer in the decision-making process regarding provision of the accommodation.

Is the person "disabled"?
A disabled person is one who:
1. Has a mental or physical impairment which substantially limits one or more major life activities;
2. Has a record of such impairment; or
3. Is regarded as having such an impairment.

Is the person "qualified"?
Disabled persons who (with reasonable accommodation) can perform the essential functions of a job are "qualified".
Can the person (with accommodation) perform the essential functions of the position?

Is the accommodation "reasonable"?
An accommodation would impose an "undue hardship" and would therefore not be "reasonable" if:
1. Would impose undue cost, and/or
2. Would compromise business necessity.

The accommodation need not be provided

The accommodation need not be provided

The accommodation need not be provided

the accommodation must be provided
1. **PURPOSE**

This regulation establishes standards and procedures for requesting and providing reasonable accommodations for qualified employees and applicants with disabilities.

2. **CIVIL SERVICE RULE REFERENCES**

The following civil service rules are reprinted here for reference.

*Rule 1-8: Prohibited Discrimination*

1-8.1 Prohibited Discrimination

The department of civil service or an appointing authority shall not do any of the following:

a. *Fail or refuse to hire, recruit, or promote; demote; discharge; or otherwise discriminate against a person with respect to employment, compensation, or a term, condition, or privilege of employment, because of religion, race, color, national origin, age, sex, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position.*

b. *Limit, segregate, or classify an employee or applicant for employment in a way that deprives or tends to deprive the employee or applicant of an employment opportunity or otherwise adversely affects the status of an employee or applicant because of religion, race, color, national origin, age, sex, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position.*

1-8.2 Accommodation of Disabilities

*
The department of civil service and appointing authorities shall accommodate a person with a disability as provided in the civil service rules and regulations.

* * *

**Rule 3-1: Examinations**

* * *

**3-1.4 Reasonable Accommodations**
The department of civil service shall make reasonable accommodations in its application and appraisal process for a person with a disability who makes a reasonable request for accommodation in advance. The department of civil service may offer an alternative evaluation method for a person with a disability if the person is unable to participate in the regular appraisal process. The department of civil service is not required to make an accommodation that would cause undue hardship.

* * *

3. **DEFINITIONS**

   **A. Definitions in Civil Service Rules**

   1. **Applicant**

      Applicant means a person who requests to participate in an appraisal process.

   2. **Appraisal Method**

      Appraisal method means a technique used to evaluate job-related knowledge, skills, abilities, competencies, and other qualifications to determine eligibility for a position in the classified service.

   3. **Disability**

      a. Disability means any of the following:

         1. A determinable physical or mental characteristic of a person, which may result from disease, injury, congenital condition of birth, or functional disorder, if the characteristic:

            A. substantially limits one or more of the major life activities of the person, and

            B. is unrelated to (1) the person’s ability to perform the duties of a particular job or position or (2) the person’s qualifications for employment or promotion.

         2. A history of a determinable physical or mental characteristic described in subsection (a)(1).

         3. Being regarded as having a determinable physical or mental characteristic described in subsection (a)(1).

      b. Disability does not include either of the following:

         1. A determinable physical or mental characteristic caused by the current illegal use of a controlled substance by the person.

         2. A determinable physical or mental characteristic caused by the use of alcohol by the person if that physical or mental characteristic prevents the person from performing the duties of the person’s job.

   4. **Examination**

      Examination means an appraisal method.
5. **Unrelated to the person’s ability**

Unrelated to the person’s ability means, with or without accommodation, a person’s disability does not prevent the person from performing the duties of a particular job or position.

B. **Additional Definitions as Used in This Regulation**

1. **Accommodation coordinator** means the (1) appointing authority, (2) person designated by an appointing authority to administer the processing of reasonable accommodation requests, or (3) accommodation coordinator’s designee.

2. **Qualified employee or applicant** means an employee or applicant with a disability who can perform the essential functions of a position with or without reasonable accommodation.

3. **Reasonable accommodation** means a modification or adjustment of (1) the work environment for a qualified employee or (2) the job application process that enables a qualified applicant to be considered. An accommodation that would cause undue hardship to an appointing authority is not a reasonable accommodation.

4. **Undue hardship** means significant difficulty or expense. Undue hardship includes, but is not limited to, the following:
   
   a. The person poses a direct threat to the health or safety of the person or others in the workplace and that the threat cannot be removed by accommodating the person.
   
   b. The accommodation would require the alteration of a program or position.

4. **STANDARDS**

A. **Submission of Accommodation Requests**

1. Each appointing authority shall designate an accommodation coordinator to whom employees or applicants may submit a written accommodation request.

2. To facilitate the interactive process of accommodating persons with disabilities and to ensure understanding of the relevant facts, an employee or applicant seeking an accommodation must submit a completed Reasonable Accommodation Request Form (Form CS-1668) to the accommodation coordinator.

3. An employee or applicant must file a completed Reasonable Accommodation Request Form within 182 calendar days after the employee or applicant knew or reasonably should have known that an accommodation was needed.

4. The employee or applicant has the burden of demonstrating that he or she (1) is a person with a disability and (2) can perform the essential functions of the job, with or without accommodation.

B. **Processing of Accommodation Requests**

1. After receiving a Reasonable Accommodation Request Form, the accommodation coordinator shall take the following steps.

   a. Verify that the employee or applicant has a disability, as defined in the Civil Service rules and regulations.

   b. Verify the essential functions of the relevant position.
c. Review the information provided and consult with the employee or applicant to ascertain the precise limitations, possible accommodations, and their potential effectiveness.

d. If necessary, consult with external resources and request additional medical documentation of limitations requiring accommodations.

e. Provide a final, written decision on the Reasonable Accommodation Response Form (Form CS-1669). The response must describe the recommended accommodation or provide an explanation for the denial of the request. The final decision must be issued within 8 weeks after the date the employee filed the Reasonable Accommodation Request Form.

2. The Department of Civil Service and appointing authorities shall accommodate a person with a disability, unless the accommodation would cause an undue hardship.

3. After a final decision is issued, the accommodation coordinator shall take the following steps:

   a. Provide a copy of the Reasonable Accommodation Response Form to the employee or applicant.

   b. Have the employee or applicant complete and sign the relevant portions of the Reasonable Accommodation Response Form.

   c. If applicable, arrange for the implementation of the approved accommodation.

C. Evaluating a Reasonable Accommodation

The accommodation coordinator or designee shall do the following:

1. Complete a Reasonable Accommodation Evaluation Form (CS-1670) within 6 weeks after the implementation of an accommodation, and as needed thereafter.

2. Maintain records for at least 3 years after the date of the final decision for reporting purposes.

D. Appeal of Final Decision

If the employee or applicant is dissatisfied with the response of the accommodation coordinator or the accommodation coordinator fails to issue a final response within 8 weeks, the applicant or the employee may appeal the final decision of the accommodation coordinator through the appropriate grievance procedure.

E. Approved Alternative Forms

An appointing authority may use alternative forms approved by the Department of Civil Service.

CONTACT

Questions regarding this regulation should be directed to the Office of the General Counsel, Department of Civil Service, P.O. Box 30002, 400 South Pine Street, Lansing, Michigan 48909, (517) 373-3048.

NOTE: Regulations are issued by the State Personnel Director under authority granted in the State of Michigan Constitution and the Michigan Civil Service Commission Rules. Regulations that implement Commission Rules are subordinate to those Rules.

Revised: March 18, 2001
**DISABILITY ACCOMMODATION REQUEST BY EMPLOYEE**

Please type or print a response to each of the items below, in accordance with the attached instructions. Return the completed form and attachments to your departmental Accommodation Coordinator or other designated official. The information you submit will be treated as confidential to the extent permitted by law. Please note that your request cannot be processed unless you attach a copy of your Position Description (CS-214) and medical documentation of your disability. For further information, refer to Civil Service Regulation 1.04, “Reasonable Accommodation.” A copy is available from your Accommodation Coordinator.

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Employee’s Identification Number</th>
<th>3. Department/Agency</th>
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<tr>
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<thead>
<tr>
<th>4. Working Title</th>
<th>5. Civil Service Classification</th>
<th>6. Bargaining Unit (if any)</th>
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<table>
<thead>
<tr>
<th>7. Work Address (home address if on leave)</th>
<th>8. Telephone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Work ( ) -</td>
</tr>
<tr>
<td></td>
<td>Home ( ) -</td>
</tr>
</tbody>
</table>

9. Describe your current job duties that require an accommodation because of a disability. (Attach a copy of your current Position Description [CS-214].)

10. My disability is a: [ ] (Check as appropriate.)

- Mental Characteristic
- Physical Characteristic

11. Describe the functional limitations caused by your disability for which you are requesting an accommodation. Use additional pages, if necessary. (Attach medical documentation.)

12. Describe any accommodations that you believe would minimize or eliminate the functional limitations listed above. Include any available information relating to cost, source, name of device, etc.

<table>
<thead>
<tr>
<th>13. Date Submitted</th>
<th>14. Name of Immediate Supervisor</th>
<th>15. Employee’s Signature</th>
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</tbody>
</table>
DISABILITY ACCOMMODATION REQUEST BY EMPLOYEE

CONFIDENTIALITY
Information in your request will be held confidential to the extent allowed by law.
Information obtained or generated in processing your request may be released to
individuals or agencies participating in the evaluation of your request.

INSTRUCTIONS FOR COMPLETING THE
DISABILITY ACCOMMODATION REQUEST FORM
To be completed by the employee and returned to the designated departmental official.
(Consult your department’s Accommodation Coordinator or other designated official for assistance, if necessary.)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions 1-8</td>
<td>Complete all personal information that is applicable.</td>
</tr>
<tr>
<td>Question 9</td>
<td>Describe which job duties you are (or anticipate) having difficulty performing because of your disability. A current Position Description (CS-214) must be attached. Contact your personnel office if you need a copy.</td>
</tr>
<tr>
<td>Question 10</td>
<td>Indicate whether the nature of your disability is mental, physical, or both.</td>
</tr>
<tr>
<td>Question 11</td>
<td>Describe the functional limitations of your disability which interfere (or may interfere) with performing the duties of your job. Please attach medical documentation regarding your disability and functional limitations.</td>
</tr>
<tr>
<td>Question 12</td>
<td>Describe the accommodation(s) you are requesting. Please provide alternative accommodation suggestions, where possible. Include past accommodations, if relevant, and any specific information relating to cost, source, name of device, etc., that you may have.</td>
</tr>
<tr>
<td>Question 13</td>
<td>Enter the date you submit this completed form.</td>
</tr>
<tr>
<td>Question 14</td>
<td>Enter the name of your immediate supervisor.</td>
</tr>
<tr>
<td>Question 15</td>
<td>Sign the form. If you are unable to sign the form, your designated representative may sign on your behalf.</td>
</tr>
</tbody>
</table>

FILING BY EMPLOYEE
Make three copies of this form. Keep one copy and submit the signed original and one copy of the form to your department’s Accommodation Coordinator or other designated official.

RESPONSE TIME
A final response to your request should be given to you within eight weeks after the date your completed accommodation request is received. If necessary, follow up with your Accommodation Coordinator or other designated official.

APPEAL
If you are dissatisfied with the final response of the Accommodation Coordinator or the Accommodation Coordinator fails to issue a final response within eight weeks, you may appeal through the appropriate grievance procedure or take other action as authorized by law.
# RESPONSE TO DISABILITY ACCOMMODATION REQUEST

This form must be completed after an employee has filed a Disability Accommodation Request Form. The departmental Accommodation Coordinator (or other designated official) must complete Part A and send a copy to the requesting employee. (Civil Service Regulation 1.04 requires the Accommodation Coordinator to issue a written response within eight weeks after receiving a completed Disability Accommodation Request Form from an employee.)

## PART A: ACCOMMODATION COORDINATOR'S RESPONSE TO REQUEST FOR ACCOMMODATION

<table>
<thead>
<tr>
<th>1. Accommodation Coordinator’s Name</th>
<th>2. Coordinator’s Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Department/Agency</td>
<td>4. Date Request Received</td>
</tr>
<tr>
<td>5. Employee’s Name</td>
<td>6. Employee’s Identification Number</td>
</tr>
</tbody>
</table>

7. Final Disposition of Request (Check one box and then describe or explain in detail.)
   - Employee’s Request APPROVED (Describe the disability and the final, approved accommodation[s].)
   - Employee’s Request DENIED (Explain the reason[s] for denying the requested accommodation[s].)

---

Accommodation Coordinator’s Signature | Date

---

## PART B: EMPLOYEE’S ACKNOWLEDGMENT (When completed, return to Accommodation Coordinator.)

I acknowledge receipt of this answer and I ☐ AGREE ☐ DISAGREE (If you disagree, please explain and attach any necessary documentation.)

---

Employee’s Signature | Date
# Response to Disability Accommodation Request

## Instructions for Completing the Form

### Part A:
To be completed by the departmental Accommodation Coordinator or designee.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions 1-6</td>
<td>Self-explanatory.</td>
</tr>
<tr>
<td>Question 7</td>
<td>Describe your final decision on the employee's written request for an accommodation:</td>
</tr>
<tr>
<td></td>
<td>A. If you APPROVE an accommodation, check the box for &quot;Employee's Request APPROVED&quot; and describe in detail the following:</td>
</tr>
<tr>
<td></td>
<td>(1) The employee's disability.</td>
</tr>
<tr>
<td></td>
<td>(2) The accommodation approved.</td>
</tr>
<tr>
<td></td>
<td>(3) How the approved accommodation addresses the functional limitations and essential job functions.</td>
</tr>
<tr>
<td></td>
<td>B. If you DENY the employee’s request for an accommodation, check the box for &quot;Employee’s Request DENIED&quot; and describe in detail your reason(s) for denying the request.</td>
</tr>
</tbody>
</table>

After completing Part A, the Accommodation Coordinator or designee sends a copy of the completed form to the employee.

### Part B:
To be completed by the employee.

**Instructions**

The employee should review Part A and indicate agreement or disagreement with the final decision. If the employee disagrees with the final decision, the employee may provide an explanation and any necessary documentation to substantiate disagreement.

Upon completion of Part B, the employee keeps a copy and returns the signed copy of the Response to Disability Accommodation Request (and attached documentation, if applicable) to the departmental Accommodation Coordinator or designee.

### Notice to Employee:
Appeal of accommodation decision.

If an employee is dissatisfied with the final response of the Accommodation Coordinator or the Accommodation Coordinator fails to issue a final response within eight weeks, the employee may appeal through the appropriate grievance procedure or take other action authorized by law.
# Evaluation of Disability Accommodation

(To be initiated by the Accommodation Coordinator)

<table>
<thead>
<tr>
<th>PART A: ACCOMMODATION IDENTIFICATION — To be completed by the Accommodation Coordinator.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accommodation Coordinator’s Name</strong></td>
</tr>
<tr>
<td><strong>Employee’s Name</strong></td>
</tr>
<tr>
<td><strong>Employee’s Phone Number</strong></td>
</tr>
<tr>
<td>( )</td>
</tr>
<tr>
<td><strong>Date of Original Request by Employee</strong></td>
</tr>
</tbody>
</table>

Describe the accommodation provided, including the estimated cost. Attach additional pages, if needed. After completing Part A, forward the employee for completion of Part B.

<table>
<thead>
<tr>
<th>PART B: EMPLOYEE’S COMMENTS — To be completed by the employee.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee’s Signature</strong></td>
</tr>
</tbody>
</table>

Describe how the accommodation has enabled you to perform your job duties. Please indicate if the accommodation is no longer needed or suggest any modifications needed in the accommodation (attach additional pages, if needed). After completing Part B, send the form to your supervisor for completion of Part C and keep a copy for your records.

<table>
<thead>
<tr>
<th>PART C: SUPERVISOR’S EVALUATION — To be completed by the employee’s supervisor.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisor’s Signature</strong></td>
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</table>

Describe how the accommodation enables the employee to perform the essential job functions. Indicate if the accommodation is no longer needed or suggest any modifications needed in the accommodation (attach additional pages, if needed). After completing Part C, send the completed form to the Accommodation Coordinator and keep a copy for your records.

<table>
<thead>
<tr>
<th>PART D: ACCOMMODATION COORDINATOR’S COMMENTS — To be completed by the Accommodation Coordinator.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accommodation Coordinator’s Signature</strong></td>
</tr>
</tbody>
</table>

Retain in file for reporting purposes.
Reasonable Accommodation Process

Employee submits Disability Accommodation Request CS-1668 with medical documentation and discusses needs with supervisor.

Clarifies employee's needs and consults with employee's immediate supervisor.

Reasonable Accommodation Coordinator:
Accommodation Process from submission to approval or denial should take no longer than 8 weeks.

see At-Risk Program & Flowchart

RAC decides whether an evaluation is needed.

Orders evaluation and reviews recommendations.

Approves or Denies accommodation.

Denies

Denial

Provides employee with appeal rights

OHR Director reviews employee's appeal

Describes approval or denial on Response to Disability Accommodation Request CS 1669.
Obtains employee signature and distributes copies to employee and supervisor.

Approval

Arranges for implementation of accommodation

Initiates Evaluation of Disability Accommodation CS1670
30 days following implementation of accommodation and distributes the evaluation to employee and supervisor.
Employee With a Disability

If an employee with a disability needs an accommodation in order to perform the essential functions of their job, it is generally the employee’s responsibility to initiate the process of seeking an accommodation. The employee does this by completing a CS-1668 form, “Disability Accommodation Request by Employee.” The second page contains instructions for completion of the form. It is recommended that employees discuss their need for accommodation with their immediate supervisors. When the form is completed, it is sent, along with supporting medical documentation, to the departmental Reasonable Accommodation Coordinator (RAC).

Reasonable Accommodation Coordinator

The RAC has responsibility for approving or denying reasonable accommodation requests. In doing so, the RAC will take a number of actions. First, the RAC may need to clarify some of the information provided by the employee. The RAC typically will also seek input from the immediate supervisor. If all the appropriate information has been provided and the RAC knows which equipment, etc., will be effective, the RAC may proceed to approve the accommodation. If the RAC needs suggestions regarding office configurations, equipment, etc., an evaluation may be requested from the Accommodation Center or other sources. If the requested accommodation includes an addition to or change in the computer equipment provided, the Accommodation Center gets input from the Department in Information Technology (DIT) staff. After receiving recommendations from the Accommodation Center, the RAC will move to approval or denial of the accommodation. An accommodation might be denied for a variety of reasons, including, the employee may not have a disability as defined by federal or state laws, or the requested accommodation may not be reasonable. The RAC will complete a CS-1669 form, “Response to Disability Accommodation Request,” indicating either an approval or denial of the requested accommodation. The form is sent to the employee for their agreement or disagreement.

The RAC acts as a process advocate within the department (to ensure staff accommodation issues are addressed effectively and timely). The RAC may also need to act as an intermediary between DLEG employees and other state agencies which might have a role with specific accommodations, i.e. DMB for parking, state vehicles, etc. The RAC has a role with evaluation of accommodations as well, and will initiate an evaluation process approximately one month after accommodations are put in place. The RAC does this by completing the CS-1670 form, “Evaluation of Disability Accommodation.” This form is sent to the employee and their immediate supervisor for their evaluation of the effectiveness of the accommodation, and whether it enables the employee to perform their essential job functions.

Office of Human Resources – Assistant Director

If an employee does NOT agree with a denial, they may appeal the decision to the Assistant Human Resources Director, or through the appropriate grievance procedure.
Immediate Supervisor

If an accommodation has been approved, the immediate supervisor is informed and then it is his/her responsibility to provide the accommodation. This responsibility may include the need to order equipment, services, or office reconfigurations. The immediate supervisor may need to request consultation, in this regard, from individuals listed on the Telephone Resource List, found at the end of the Handbook.
Reasonable Accommodations Coordinator (RAC) Process for a Request for “At Risk” Assessment

EMPLOYEE HEALTH MANAGEMENT

“AT RISK” PROGRAM PROCEDURES

The State of Michigan and Employee Health Management is committed to maintaining and preserving a healthy and productive work force. All employees, management and unions can collectively strive toward the goal of an ergonomically healthy work environment. Ergonomic solutions can be used to modify workplace conditions, job demands, and enhance the capabilities of the employee. Ergonomic modifications have the potential to improve productivity, reduce illnesses and injuries, and decrease absenteeism.

1. An employee notifies their department’s supervisor or manager that they are requesting an ergonomic assessment of their worksite.

2. The supervisor or manager completes the Request for “At Risk” Assessment form, and has employee read and sign the disclosure statement. These forms are found on the Employee Health Management (EHM) website at: www.michigan.gov/ose >>forms>>Request for “At Risk” Assessment. The employee must also provide medical documentation from their physician, which states their diagnosis and the ergonomic intervention.

3. The Request for “At Risk” Assessment form, signed disclosure statement and the medical documentation are then faxed to the departments RAC. The RAC reviews forms for completeness and on the Request for “At Risk” Assessment, writes their name as the referral source, their phone number and the date.

4. The Request for “At Risk” Assessment, signed disclosure statement and the medical documentation are then faxed to EHM. The fax number is 517-335-7087.
<table>
<thead>
<tr>
<th>Office of the State Employer</th>
<th>Employee Health Management</th>
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<tbody>
<tr>
<td>REQUEST FOR AT - RISK ASSESSMENT</td>
<td></td>
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<tr>
<td>EHM referral #:</td>
<td>Date:</td>
</tr>
<tr>
<td>Referral Source:</td>
<td>Phone #:</td>
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<tr>
<td>Department:</td>
<td></td>
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<tr>
<td>Employee’s Name:</td>
<td></td>
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<tr>
<td>Employee I.D.#:</td>
<td>Employee’s Phone #:</td>
</tr>
<tr>
<td>Classification:</td>
<td>Date of Injury:</td>
</tr>
<tr>
<td>Work Location:</td>
<td>Agency/Division</td>
</tr>
<tr>
<td>City:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Supervisor’s Name:</td>
<td>Supervisor’s Phone #:</td>
</tr>
<tr>
<td>Employment Location (if different than work location):</td>
<td></td>
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<tr>
<td>SERVICES REQUESTED:</td>
<td></td>
</tr>
<tr>
<td>□ Advanced/Comprehensive Ergonomic Assessment (chair &amp; work station/space assessment)</td>
<td>□ Office/Task Chair Assessment (chair evaluation only)</td>
</tr>
<tr>
<td>□ Ergonomic Assessment (work station/space assessment only)</td>
<td>□ Other: ____________________</td>
</tr>
<tr>
<td>ADDITIONAL INFORMATION (Attach medical):</td>
<td></td>
</tr>
</tbody>
</table>

Return Request to: Employee Health Management
Phone: (517) 241-9090
Fax: (517) 335-7087
E-mail: DMB-OSE-EHM@michigan.gov

FOR EMPLOYEE HEALTH MANAGEMENT USE ONLY:
Date Received / / Request for Assessment is: □ Approved □ Denied
"At Risk"
Disclosure Statement

This disclosure statement is to inform you that the medical information you provide may be shared with your department, Employee Health Management, Michigan Rehabilitation Services/Accommodations Center, Department of Information Technology or any third party service provider for the purpose of addressing your ergonomic evaluation request.

The medical information you provide and related documentation is necessary to clarify and expedite the ergonomic evaluation, and will be handled in a confidential manner.

I have read and acknowledged that my medical information will be shared strictly for the purpose of my ergonomic evaluation.

Applicant Signature: ________________________________ Date: __________________
STATE OF MICHIGAN
"AT-RISK" SERVICES
Flow Chart

Employee-Supervisor discuss need for "At Risk" ergonomic services

Supervisor (or employee) contacts the Department's Reasonable Accommodation Coordinator (RAC)

RAC completes DLEG-MRS referral form

NO

RAC sends referral to MRS-AC **

YES

Dept. RAC determines if there is a medical statement from a doctor?

RAC sends to EHM At-Risk referral, includes medical statement

NO

EHM determines if medical is adequate

YES

MRS-AC makes a 3 point contact (Employee, Supervisor & Dept. RAC) to schedule on-site assessment

MRS-AC Rehabilitation Specialist completes assessment

See attached additional agency information

MRS-AC sends report with recommendations to the Department

Department coordinates changes, modifications, orders equipment, works with space designer, coordinates installation of equipment

Successful intervention, employee remains productive at work

EHM sends referral to MRS-AC

EHM sends referral to MRS-AC

MRS sends report & bill to Department

* When an employee's illness or injury interferes with their ability to perform their job putting their continued employment at risk.

** Department can choose any vendor.

March, 2003
Information Technology Procurement Steps for DLEG
 FY06

Steps for processing IT commodities and services purchases:

DLEG Bureau:
- Complete form DIT-0015. The form can be found at: http://web.cis.state.mi.us/fast/forms.htm
- Form DIT-0015 must include the funding source being utilized to support the purchase. In addition, indicate if the funding was included in the FY06 appropriation for DIT. If the purchase is bureau funded, indicate your index number.
- If the purchase is greater than $100, the AS-1 must be completed. The form can be found at: http://web.cis.state.mi.us/fast/forms.htm
- Attach supporting documentation for the requested commodities as well as the justification for purchase.
- Submit form DIT-0015, AS-1, and attachments electronically to DLEG-Purchasing@michigan.gov.

DLEG Purchasing and Grant Services:
- Upon receipt of the DIT-0015 and AS-1, will acquire the appropriate approvals (all DIT0015’s and AS-1’s forwarded to Al Pohl) and notify the bureau by email of the approval.
- Make 1 copy of approved DIT0015 and AS-1 for our file.
- The original DIT-0015 and AS-1 will be forwarded to DIT Procurement located in the Constitution Hall, Atrium Level (Sandi Thorne).
- Log DIT0015 in the DIT Procurement Log located on S:/fas/faspur/PUR Forms/

DIT Procurement Liaison: (Sandi Thorne)
- Enters the purchase into Adpics or procures with procurement card (under $2,500)
- Purchasing and Grant Services Director notified of DPO assigned to DIT0015. Need to make sure agency code 3 is used on requisition if funding is included in the IDG.
- Purchasing and Grant Services Director emails FAS director to approve requisition if amount exceeds $100,000.
- DIT Procurement Liaison posts DPO and send to vendor
- Purchasing and Grant Services receives email notification of DPO number issued for DIT0015.
- Mary Moore enters DPO number in DIT Procurement Log located on S:/fas/faspur/PUR Forms/
REQUEST FOR EXCEPTION TO
STATE OF MICHIGAN CCA-H STANDARD
Michigan Department of Information Technology

<table>
<thead>
<tr>
<th>1. Client Agency Name</th>
<th>2. Requester Name</th>
<th>3. Requester Telephone Number</th>
<th>4. Requester Email Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Does this relate to a current Infrastructure Project?</th>
<th>6. Project Number</th>
</tr>
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<tbody>
<tr>
<td>No</td>
<td>Yes</td>
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<table>
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<tr>
<th>7. Project Name</th>
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<tr>
<th>8. Do you have an outside vendor quote?</th>
<th>9. If Yes Outside Vendor, Company Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes, EDS</td>
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<tr>
<td></td>
<td>If yes, please attach.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Company Contact Name</th>
<th>11. Company Telephone Number</th>
<th>12. Total Quote Amount</th>
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<tr>
<th>13. Description the Purpose for the Exception Model Being Requested</th>
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<tr>
<td>&quot;Click HERE and Type&quot;</td>
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<tr>
<th>14. Describe Why the Current Standard will not fill Requirements</th>
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<td>&quot;Click HERE and Type&quot;</td>
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<tr>
<th>15. Describe the Expected Outcomes and Benefits From Purchasing the Requested Exception Model</th>
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<td>&quot;Click HERE and Type&quot;</td>
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For DIT Use Only

<table>
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<tr>
<th>Date Received</th>
<th>EDS Quote Number</th>
<th>Action Taken</th>
<th>Date DIT Responded</th>
</tr>
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</table>

The Michigan Department of Information Technology will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to any DIT employee.
**PROCUREMENT REQUEST**
Michigan Department of Information Technology

**FOR USE BY DIT ONLY**

<table>
<thead>
<tr>
<th>1. DIT Reference Number</th>
<th>2. Purchase Order Number</th>
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**INSTRUCTIONS:**
- Use this form to order hardware, software, services, and maintenance

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<tr>
<th>6. End User Name(s)</th>
<th>7. End User Phone Number</th>
<th>8. Contact Name &amp; Phone No.</th>
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<tr>
<th>9. Deliver to (Bldg, Floor, Pillar or Suite No.)</th>
<th>10. Request is for:</th>
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<tr>
<td></td>
<td>COMMODITIES</td>
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<td></td>
<td>SERVICES</td>
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<td>NEW PROJECT</td>
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<tr>
<th>9b. Street Address and City</th>
<th>11. Request is for:</th>
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<td></td>
<td>COMMODITIES</td>
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<td>SERVICES</td>
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<td></td>
<td>NEW PROJECT</td>
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<th>12. Brief Justification:</th>
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**NOTE:** For Services and New Projects, provide detailed information or description of service or project, estimated duration, links to current state contracts or projects, and estimated dollar value.

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<thead>
<tr>
<th>13. ITEM NO.</th>
<th>14. NIGP COM. CODE</th>
<th>15. QUANTITY REQUESTED</th>
<th>16. UNIT</th>
<th>17. DESCRIPTION: (Name of item or service, including size, weight, color, or type of work, and suggested vendor)</th>
<th>18. UNIT PRICE</th>
<th>19. ITEM TOTAL</th>
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<tr>
<th>20. TOTAL:</th>
<th>$</th>
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<tbody>
<tr>
<td>$0.00</td>
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<thead>
<tr>
<th>21. Is Funding included in Agency IDG to DIT?</th>
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<tbody>
<tr>
<td>□ YES □ NO (see 21a)</td>
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<thead>
<tr>
<th>21a. Indicate the Source for Agency Funding for this request</th>
<th>21b. General Fund Amt or %</th>
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<tr>
<th>22. Agency Authorized Signature</th>
<th>Note: Signature represents Agency commitment to fund this purchase</th>
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<tr>
<th>23. Vendor Name</th>
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<tr>
<th>26. BPO Number</th>
<th>27. CS-138 Number</th>
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</table>

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<thead>
<tr>
<th>28. Requisition Number</th>
<th>29. Ordered by / Date</th>
<th>30. APPROP. YEAR</th>
<th>31. INDEX CODE</th>
<th>32. AGENCY CODE 3</th>
<th>33. AGENCY OBJ. CODE</th>
<th>34. DISTRIBUTION (BY $ Amount)</th>
<th>35. DIT Information Officer or Authorized Signature</th>
</tr>
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REFERRAL APPROVALS

Voc Rehab Referrals for Long-Term-Disability (LTD) Claimants

All State of Michigan employees who have been receiving Long-Term Disability (LTD) benefits for six months will be sent a letter from the State’s Third Party Administrator (TPA), referring them to Michigan Rehabilitation Services (MRS) for vocational rehabilitation services. In that letter there is information about the Department of Civil Service (MDCS) and the services offered in seeking other State of Michigan employment opportunities. (See attached letter) The claimant may be referred sooner to MRS at their request. The MRS telephone number is 1-800-605-6722. The LTD claimants will be referred to the MRS office nearest to their residence. The MRS office will determine eligibility. Vocational services and contacting MRS are voluntary on the part of the employee and will not affect their benefit.

Ergonomic Referrals for LTD Claimants

Referrals for State of Michigan employees receiving LTD and requesting ergonomic evaluations to return-to-work need to be approved by Employee Health Management (EHM). The phone number is 1-517-241-9090. The evaluation reports and bills/invoices for LTD claimants should be sent to EHM. Referrals should be made on the DLEG Request for Services form and sent directly to EHM for approval. (Note: The DLEG Request for Services form is not on the web. Please call the Accommodations Center at 517-241-0314 or EHM at 517-241-9090 to request the form). EHM will order any recommended equipment/chair.

If there are problems with the chair or equipment please contact Employee Health Management (EHM). EHM will provide the vendor contact information. The department/facility is responsible for contacting the vendor for assistance.

Ergonomic or Voc Rehab Referrals for Workers’ Compensation Claimants

Referrals for State of Michigan employees receiving Workers’ Compensation benefits and requesting ergonomic evaluations or vocational rehabilitation services need to be approved by the State of Michigan’s Third Party Administrator for Workers Compensation. The telephone number is 1-800-324-9901 and ask for the Claims Representative handling the claim. Reports and invoices will be sent to the Claims Representative handling each individual case. EHM will order the equipment/chair after discussing with the Claims Representative.

If there are problems with the chair or equipment please contact the employee’s claims examiner. The examiner will provide the vendor contact information. The department/facility is responsible for contacting the vendor for assistance.

Ergonomic Referrals for Employees Not on a Disability Benefit (At-Risk)

Referrals for State of Michigan employees who have not gone off on a disability benefit that are requesting an ergonomic evaluation (At-Risk employees) need to be approved by EHM. EHM will pay for the evaluation; the department is responsible for any recommended equipment purchases. Bills/invoices and copies of the evaluation report will be sent to EHM by the Disability Management Program-Accommodations Center.
**Reasonable Accommodation Referrals**

Requests for Reasonable Accommodations that would be covered under a disability benefit need to follow the approval process for that disability benefit, e.g., Workers’ Compensation or LTD as outlined above. If the request is not covered by a disability benefit it would be submitted to and approved by the employee’s department Reasonable Accommodations Coordinator (RAC). The department would request services through the Disability Management Program-Accommodations Center using the DLEG-Request for Services form. (Note: The DLEG Request for Services form is not on the web. Please call the Accommodations Center is 517-241-0314 or EHM 517-241-9090 to request the form). Reports and bills/invoices will be sent to the employee’s department RAC.
SUBJECT: Procurement of Commodities and Services.

APPLICATION: Executive Branch Departments and Sub-units.

PURPOSE: To provide a description of the various types of procurements handled by Acquisition Services and to specify procedures for making such purchases.

CONTACT AGENCY: Department of Management and Budget (DMB) - Acquisition Services

TELEPHONE: 517/335-0230

FAX: 517/335-0046

SUMMARY: These procedures apply to procurement of all commodities and services under jurisdiction of Acquisition Services. These procedures are mandatory for Executive Branch Departments unless specifically provided otherwise by statute.

APPLICABLE FORMS: Requisition Header (PCHL2100)
Invitation to Bid (PCHL2311)
Purchase Order (PCHL2340)
Blanket Purchase Order (PCHL2342)
CS-138, Contractual Services Request

APPROVALS: The following procurements require approvals prior to coming to Acquisition Services.

- Services: The disbursement of funds to pay for services performed by an independent contractor must have the prior approval of the Civil Service Commission pursuant to the CS-138 process (ADPICS screen 2117). See the Department of Civil Service Web Site at www.michigan.gov/mdcs.

- Certain services and commodities may have central approval requirements. See ADPICS Data Entry Guide, Appendix A, for the Document Approval Path Table (PCHL 5981) and the Commodity Approval Path Table (PCHL 5983) for a complete list of approval paths for document/document types and NIGP commodity codes.

Department/Agency Staff:
- Must follow their department's procurement policies and procedures.
- Identifies a need. If a service is needed, determines if the need will be best satisfied by Special Personal Services or an independent contractor. If Special Personal Services are needed, to work through the agency Human Resource Office. If an independent contractor is determined to be the method, proceeds under this procedure.
- If a sole source purchase is being requested, writes sole source justification. A sole source award can be issued for one or more of the following documented conditions: (1) The service or
The commodity is available from only one source. (2) The service or commodity must be compatible with current services or equipment. (3) It would not be economically feasible for another vendor to perform the service. (4) A single vendor is uniquely qualified to meet the agency’s procurement objective.

- If the need can be best fulfilled by an educational institution or governmental agency, writes a justification which documents the facts.

- Determines if the commodity or service is available from an existing State contract or has been set aside to purchase only from MSI or a Community Rehabilitation Organization. If available from a state contract, issues a contract release. If set aside to be purchased from MSI or if available from MSI and the agency wishes to purchase from MSI, processes the request to MSI using the SI document type.

- Prepares an ADPICS Requisition Header Entry (PCHL 2100) with appropriate information and submits to obtain all required internal and external approvals. If a service is to be obtained, checks if service is preauthorized or non-juris. If not, completes the CS138 Header Entry Screen (PCHL 2117) to obtain Civil Service approval.

- Provides: estimated cost; a complete description of the commodity or service required; quantity; delivery/deliverable schedule (if multiple deliverables are required, identify requirements for each) and period of time needed; any specialized licensing requirements; contract period; basis for payment; criteria for evaluating and awarding the contract; name of the contract administrator or contact person; current vendor and additional recommended vendors, and any other information that would be beneficial to the vendor community in responding to the Invitation to Bid, if issued. If this information is provided in a separate document, include the requisition number on this document. At the request of the department, Acquisition Services can assist in the development of the work statement, specifications and the award criteria.

- Provides the information outlined in the preceding bullet in an electronic form. The file may be transmitted to Acquisition Services with an email to DMB-ACQ-Point@michigan.gov. Include the requisition number in the email message. Departments are required to submit all requisition attachments in an electronic form (with the exception of blueprints, drawings, samples, etc.) to be posted on the Acquisition Services website (www.michigan.gov/doingbusiness).

- It is not necessary to provide all terms and conditions. Department/Agency staff should focus on development of the work statement. Acquisition Services will work with the department to determine the appropriate terms and conditions.

Acquisitions Services:
- Receives electronic ADPICS requisition and matches it with attachments, if indicated on the requisition.

- Assigns a buyer, enters buyer initials on the requisition (PCHL 2100), and identifies the buyer name in the notepad. Acquisition Services buyer contacts the department to develop a mutually agreeable time frame for completing the procurement.

- Ensures that the request will allow for competition, or ensures that any sole source requests or requests for services to be performed by a public supported college or university or by a governmental entity have justification attached.
• In consultation with the department, reviews award criteria to ensure they will result in the proper selection of a vendor, determines the risks associated with the purchase and incorporates the necessary terms and conditions that will provide adequate protection for the State. Reviews the final document with the department.

• If the value of the procurement is between $25,000 and $100,000, a contract or purchase order may be awarded by Acquisition Services from informal bids that have either been taken by the department or Acquisition Services, or a competitive ITB may be posted on the Acquisition Services web site. If the value of the procurement is estimated to be $100,000 or greater, Acquisition Services issues a formal competitive solicitation (ADPICS Invitation to Bid Definition Screen PCHL 2311) to the vendor community, either by mailing directly to selected vendors or notifying those vendors that the solicitation is posted on the Acquisition Services website. Vendors suggested by the department would be included in any mailing or notification.

• If an ITB is issued and it has an estimated value greater than $50,000, posts the solicitation on the Acquisition Services web site.

• While the solicitation is out for bid and until the award is made, acts as the sole contact point with the vendor community. If department staff receives inquiries regarding a solicitation, they should not respond, but should direct vendors to Acquisition Services.

• Schedules and holds a prebid meeting, if needed.

• Keeps the department informed of all progress throughout the process and all issues that arise.

• Completes the procurement process, which may include evaluation by a JEC (See Procedure 0510.07).

• Consults with the requesting department to select the vendor offering the best value to the state. If the selected bid or proposal exceeds the departments estimated cost, obtains approval from the requesting department to proceed with the award. Agency may have to obtain an amended CS-138.

• Obtains required administrative approvals from the State Administrative Board (See Procedures 0620.01 and 0620.02) and the Department of Civil Rights (see Procedure 1630.1).

• Works with the department to develop the contract or purchase order that incorporates all the state's requirements and the vendor's acceptable offer. Issues the contract or purchase order. A contract that contains the signature of the contractor and the State contracting agent is used for all professional services, both short and long term, and recurring services and commodities. A purchase order can be used for the one-time purchase of commodities or for non-professional and general labor services provided they are of low risk, routine and within a one year period or less.

* * *

Procedure Update: 01/09/03
Procedure 0510.13
1. Determine if commodity is available from Statewide contract. You can access a partial listing of BPO's on the DLEG intranet by linking to http://web.cis.state.mi.us/fast/pdf/pur_bpo.pdf or by linking to the DMB Acquisition Services website: http://www.michigan.gov/doingbusiness, click on “For State Agencies”, click on “Current Contract Listing & Updates,” click on “View the listing of current contracts.” Please note not all the contracts are available for use by every department. Therefore, you will need to look in the “Description” field to make sure it states “Statewide.” You may also contact Purchasing and Grant Services staff for assistance.

2. If commodity is available from a State Contract, a requisition should be entered using a doc/doc type RQ/BP and reference the BPO (State Contract) number in the field titled “Blanket PO ID”. Specific instructions on entering requisitions can be found by linking to the following website: http://mainweb.state.mi.us/. Select “eDocumentation” from the Client Support Services section. Select “Adpics Data Entry Guide” and select Chapter 3 – Procurement Processing.

3. If the commodity is not available from a State Contract, you will need to obtain quotes for the commodity from 3 separate vendors when the amount is greater than $2,500. Quotes may be in the form of a fax on company letterhead or original documentation sent via U.S. Mail. This information must be filed within your office for audit purposes. If the commodity exceeds $25,000, an ITB/RFP must be issued to obtain proposals. Standard ITB/RFP documents can be accessed by linking to the following website: http://www.michigan.gov/doingbusiness/0,1607,7-146-6592_8522---,00.html. The notepad must be used to document how the vendor was selected. For example: Quotes were received from 3 vendors. The selected vendor could provide the commodity at the lowest price in the timeframe required.

4. Enter requisition in Adpics using doc/doc type RQ/RA. Specific instructions on entering requisitions can be found by linking to the following website: http://mainweb.state.mi.us/. Select “eDocumentation” from the Client Support Services section. Select “Adpics Data Entry Guide” and select Chapter 3 – Procurement Processing. A notepad entry will need to be made on how the vendor was selected, i.e., lowest price, fastest delivery, etc.

5. The vendor can be selected from the 1200 screen in Adpics. If the vendor name does not exist, you will need to contact the vendor to request they register as a State of Michigan vendor. In addition, if the vendor exists, but is not signed up for EFT (EFT field on the 5200 screen = N and mail code E00 does not exist), you can provide them the following website for online registration: http://www.cpexpress.state.mi.us/. This site requires businesses to enter some general business information and an indication of the types of goods and/or services they can offer the state. Vendors are allowed to maintain their own vendor record at this website by entering updated information when necessary. For assistance with on-line vendor registration or signing up for EFT, the vendor can contact the Office of Financial Management, Vendor Registration Help Desk at (517) 373-4111 or toll free at (888) 734-9749.
6. All requisitions entered for maintenance must contain the period of service in which the maintenance covers in addition to the serial number, accounts, number, model, etc. This information should be entered in the specifications of the requisition. Lori Porubsky, Purchasing & Grant Services, sends an email each year providing more specific instructions.

7. Upon entry and posting of the requisition, Purchasing and Grant Services staff will issue a Purchase Order. You can obtain the Purchase Order number by linking to the 2430 screen from the Requisition Header (screen 2100). Once the P.O. number is retrieved, you can enter the number on the 2360 screen and view the information.

8. Purchasing and Grant Services staff will send the P.O. to the vendor for processing. Therefore, if there are any attachments that need to be sent to the vendor, please submit these attachments to the Purchasing and Grant Services staff assigned your requisition. The buyer's initials will be placed in the corresponding field on the Requisition Header. In addition, please print the 2100 screen and staple to the attachment for reference. It is especially important to send (via fax or ID mail) the quote from the vendor to the assigned staff to make sure the P.O. reflects the State's terms and conditions.

9. If the purchase is greater than $25,000, an AS-1 form is required per Executive Directive 2003-8. The AS-1 can be obtained from the DLEG Intranet: http://web.cis.state.mi.us/fast/forms.htm. Upon approval of the AS-1, the requisition will route to DMB Acquisition Services for approval and processing.

10. In addition, if the purchase is greater than $25,000, the purchase will require Ad Board approval. You will need to complete the Contract Abstract located on the following website: http://www.michigan.gov/doingbusiness/0,1607,7-146-6597-69052--.00.html, select SAB811 – Contract Abstract. Upon completion of the Contract Abstract, please submit to the Purchasing and Grant Services staff assigned to the requisition. The buyer's initials will be placed in the corresponding field from the Requisition Header.

11. DMB Acquisition Services cannot post the requisition until the Ad Board has approved the request. Ad Board meets every 1st and 3rd Tuesday of each month. The Ad Board meeting schedule can be accessed from the following: http://www.michigan.gov/doingbusiness/0,1607,7-146-6597-34705--.00.html.
1. Determine if service is available from Statewide contract. You can obtain the listing of BPO’s on the DLEG intranet by linking to [http://web.cis.state.mi.us/fast/pdf/pur_bpo.pdf](http://web.cis.state.mi.us/fast/pdf/pur_bpo.pdf) or by linking to the DMB Acquisition Services website: [http://www.michigan.gov/doingbusiness](http://www.michigan.gov/doingbusiness), click on “For State Agencies”, click on “Current Contract Listing & Updates,” click on “View the listing of current contracts.” **Please note not all the contracts are available for use by every department.** Therefore, you will need to look in the “Description” field to make sure it states “Statewide.” You may also contact Purchasing and Grant Services staff for assistance.

2. If service is available from a State Contract, a requisition should be entered using a doc/doc type RQ/BP and reference the BPO (State Contract) number in the field titled "Blanket PO ID". Specific instructions on entering requisitions can be found by linking to the following website: [http://mainweb.state.mi.us/](http://mainweb.state.mi.us/). Select “eDocumentation” from the Client Support Services section. Select “Adpics Data Entry Guide” and select Chapter 3 – Procurement Processing.

3. If the Service is not available from a State Contract, an AS-1 form is required per Executive Directives 2003-5 and 2003-8. The AS-1 can be obtained from the DLEG Intranet: [http://web.cis.state.mi.us/fast/forms.htm](http://web.cis.state.mi.us/fast/forms.htm).

4. Upon approval of the AS-1 form, you will need to determine if a CS-138 number is available for the services. Civil Service has preauthorized CS-138’s for common services used throughout State Government. In addition, there are NIGP Codes Outside Civil Service Jurisdiction (nonjuris) that do not require a CS-138. The preauthorized CS-138 and nonjuris listings can be obtained from the Civil Service website: [http://www.michigan.gov/mdcs/0,1607,7-147-6879_9331---,00.html](http://www.michigan.gov/mdcs/0,1607,7-147-6879_9331---,00.html). If a pre-authorized CS-138 does not exist, you must enter a separate CS-138 specifically for your bureau by completing the CS-138 Header (screen 2117). Instructions on entering CS-138’s can be obtained from the following website: [http://mainweb.state.mi.us/](http://mainweb.state.mi.us/). Select “eDocumentation” from the Client Support Services section. Select “Adpics Data Entry Guide” and select Chapter 3 – Procurement Processing. Please note you must receive notification of the approved CS-138 prior to entering the requisition.

5. You will need to obtain proposals for the services from 3 separate vendors when the amount is greater than $2,500. Proposals may be in the form of a fax on company letterhead or original documentation sent via US Mail. This information must be filed within your office for audit purposes. If the service exceeds $25,000, an ITB/RFP must be issued to obtain proposals. Standard ITB/RFP documents can be accessed by linking to the following website: [http://www.michigan.gov/doingbusiness/0,1607,7-146-6592_8522---,00.html](http://www.michigan.gov/doingbusiness/0,1607,7-146-6592_8522---,00.html). The notepad must be used to document how the vendor was selected. For example: Quotes were received from 3 vendors. The selected vendor could provide the service at the lowest price in the timeframe required.

6. Enter requisition in Adpics using doc/doc type RQ/RA. Specific instruction on entering requisitions can be found by linking to the following website: [http://mainweb.state.mi.us/](http://mainweb.state.mi.us/). Select
“eDocumentation” from the Client Support Services section. Select “Adpics Data Entry Guide” and select Chapter 3 – Procurement Processing. A notepad entry will need to be made on how the vendor was selected; i.e., lowest price, fastest delivery, etc.

7. The vendor can be selected from the 1200 screen in Adpics. If the vendor name does not exist, you will need to contact the vendor to request they register as a State of Michigan vendor. In addition, if the vendor exists, but is not signed up for EFT (EFT field on the 5200 screen = N and mail code E00 does not exist), you can provide them the following website for online registration: http://www.cpexpress.state.mi.us/. This site requires businesses to enter some general business information and an indication of the types of goods and/or services they can offer the state. Vendors are allowed to maintain their own vendor record at this website by entering updated information when necessary. For assistance with on-line vendor registration or signing up for EFT, the vendor can contact the Office of Financial Management, Vendor Registration Help Desk at (517) 373-4111 or toll free at (888) 734-9749.

8. All requisitions entered for on-going monthly services must contain the period of service being requested. This information should be entered in the specifications of the requisition.

9. Upon entry and posting of the requisition, Purchasing and Grants Services staff will issue a Purchase Order. You can obtain the Purchase Order number by linking to the 2430 screen from the Requisition Header (screen 2100). Once the P.O. number is retrieved, you can enter the number on the 2360 screen and view the information.

10. Purchasing and Grants Services staff will send the P.O. to the vendor for processing. Therefore, if there are any attachments that need to be sent to the contractor, please submit these attachments to the Purchasing and Grant Services staff assigned your requisition. The buyer's initials will be placed in the corresponding field on the Requisition Header. In addition, please print the 2100 screen and staple to the attachment for reference.

11. If the purchase is greater than $25,000, the requisition will route to DMB Acquisition Services for approval and processing.

12. In addition, if the purchase is greater than $25,000, the purchase will require Ad Board approval. You will need to complete the Contract Abstract located on the following website: http://www.michigan.gov/doingbusiness/0,1607,7-146-6597-69052--00.html, select SAB811 – Contract Abstract. Upon completion of the Contract Abstract, please submit to the Purchasing and Grants Services staff assigned to the requisition. The buyer's initials will be placed in the corresponding field on the Requisition Header.

DMB Acquisition Services cannot post the requisition until the Ad Board has approved the request. Ad Board meets every 1st and 3rd Tuesday of each month. The Ad Board meeting schedule can be accessed from the following: http://www.michigan.gov/doingbusiness/0,1607,7-146-6597-34705--00.html.
DMB Print & Mail Consultant Services will be the primary vendor through which all print requests will be sent. In turn, DMBP&MCS will either perform the work in-house or contact the necessary vendor for the project. Therefore, you must enter a requisition for all print requests.

1. Specific instructions on entering requisitions can be found by linking to the following website: http://mainweb.state.mi.us/. Select “eDocumentation” from the Client Support Services section. Select “ADPICS Data Entry Guide” and select Chapter 3 – Procurement Processing.

2. Enter requisition in ADPICS using Doc/Intf Type OS/RQ. The Due Date should be at least two weeks from the Effective Date entered or longer, depending on the complexity of the project. Enter a form number, revision date and name of form, brochure, booklet, etc., in the Req Title field. The recommended vendor is DMB Print & Mail Consultant Services, State of Michigan, vendor ID 2386000134. Enter the Agency number, current FY and Index (and PCA if required). In the AOBJ field enter 0917, this number correlates directly to DMB print material. Hit F10 and you will go directly to the 2110 screen.

3. The specifications entered (screen 2110) should be clear and concise. Enter the Commodity Code or hit F2 to select a 966 series. If you do not know the unit of measurement (U/M), you may enter 1 in the quantity field and LO for lot in the Purchase U/M field then enter the amount in the Specifications Info section (i.e., 1 lot = 5000). For the CS 138 ID, hit F2, select the corresponding number and hit F2 again. Finally, hit F10 twice to save. Go back to the 2100 screen, Hit F7 and enter the Ship To code, then post.

4. Print the 2100 screen and attach for reference along with a sample, camera-ready copy and/or electronic file (may be sent via email or on disk) of the print material. A C-19 is still required for requested items that may need further scrutiny, justification or ink color other than black. These items include publications, brochures, pamphlets, forms, envelopes, etc., in which the public receives.

5. Submit requisition number and all material to: Carlos Jaramillo, Purchasing & Grant Services, 4th Floor Ottawa Building, Lansing, MI. 48909. This may be done via email, ID Mail or in person.

6. Upon entry and posting of the requisition, it will be routed through an approval path to your Supervisor or the Purchasing and Grant Services Director and will be assigned to a buyer for approval/rejection. You may track the requisition by linking to the 9220 screen from the Requisition Header (screen 2100).

**Business Cards**

The policy for obtaining business cards is as follows: Employees who interact with the public in a capacity where they are required to provide their work information for the public to contact. Examples of these positions include counselors, inspectors, investigators, etc.

An established standard for all business cards has been set. The format can be found on the intranet site at: http://web.cis.state.mi.us/fast/pdf/BusCardFormat.pdf. The maximum number of cards to be ordered for an individual is 200. If more cards are required, it must be documented in the notepad of the requisition.

The Commodity code for business cards is 966-07 and the CS138 ID is 192S0002249. In the Specification Info area, enter the name of the person(s), the number of cards (i.e. 1 Lot = 200 cards, 2 names @ 100 each) and where to send the proof.

It is highly recommended that Bureaus, Divisions, Offices, Units and/or Sections seriously consider converting printed material to electronic for placement on the Intranet/Internet. This would provide our customers with instant access to the valued information as well as a cost reduction. Determining factors are price, quantity, timeframe, specialization and/or capacity.
Department of Management and Budget, Acquisition Services  
Procurement Initiation Letter  

This form must accompany all new requisitions, and requests for amendments/extensions submitted to Acquisition Services.

Section 1. Department Identification

<table>
<thead>
<tr>
<th>1. Department:</th>
<th>2. Date:</th>
<th>5. E-mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Contact Person:</th>
<th>4. Phone #:</th>
<th>Fax #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 2. Purchase Request Identification

Check One:  
- [ ] REQ  
- [ ] PO  
- [ ] BPO

6. [ ] New Request  
   a. Requisition #:  

7. [ ] One Time Purchase  
   OR  
8. [ ] Multi-Year Contract:  
   a. From:  
   b. To:  

9. [ ] Amendment  
   a. Contract/PO #:  
   b. Contract Period:  
   c. Current Value:  
   d. Contract Cost:  

10. [ ] Contract Extension  
    a. Contract #:  
    b. Contract Period:  
    c. Current Value of Contract:  
    d. Length of Extension:  
    e. Value of Extension:  

11. Vendor Name or Recommended Vendor (if applicable):

Section 3. Government Estimate

12. Enter Estimated Value:  
    $  
    a. Government Estimated Based On:  
       - [ ] Competitive Quotes (Please attach)  
       - [ ] Historical Pricing/Previous Contract Value  
       - [ ] Market Research (GSA Pricing, Contract in another State, Web Research)  
       - [ ] Other (Please attach details)
    
    b. Has the amount in box 12 above been approved in Department Budget?  
       - [ ] Yes  
       - [ ] No  
       If NO, please provide the amount that has been approved:  
       $  

Section 4. Purchase Justification

13a. Description of Product/Service Requested:
b. **Purpose/Business Case of New Contract, Amendment, or Extension and Expected Outcomes:**

c. **Funding Source:**
- Federal _____%  
- State GF _____%  
- Restricted _____%  
- Revolving _____%

Provide Details:

d. **Risk Assessment** (consequences if not procured, potential issues if procured, etc.):

e. **Cost Reduction Description (if applicable):**

☐ **Sole Source:** Check box and attach completed sole source justification form, if applicable.

Section 5. For new contracts or extensions of existing contracts: Pursuant to Executive Directives 2004-8 and 2004-9, check one or more of the following reasons for the purchase.

<table>
<thead>
<tr>
<th>14a.</th>
<th>☒ Legal mandate (enter citation ____), court order, or for law enforcement purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>☐ To protect health or safety of Michigan citizens or visitors, or to assist other states in similar circumstances</td>
</tr>
<tr>
<td>c.</td>
<td>☐ To provide for the basic requirements of residents of state institutions or facilities, including but not limited to food, clothing, and prescription drugs</td>
</tr>
<tr>
<td>d.</td>
<td>☐ Essential to the continued functioning of a legally-mandated program or activity of state government</td>
</tr>
<tr>
<td>e.</td>
<td>☐ To produce budgetary savings or to increase state revenue, including protecting existing federal funds or securing additional federal funds</td>
</tr>
<tr>
<td>f.</td>
<td>☐ Necessary to comply with federal requirements</td>
</tr>
</tbody>
</table>

Section 6. The Department Director, autonomous agency head, or their designee certifies agreement with this form, and that this procurement initiative is critical to the mission priorities of their department.

15a. ________________________________

Signature

b. ________________________________

Name and Title (type or print)

c. ________________________________

Date:

Do not write below this line

Reviewed by DMB  

☐ Approved to proceed  

☐ Returned to agency

Submit to: DMB – Acquisition Services  

Attn:  DMB-ACQ-Point  

2nd Floor Mason Building  

P.O. Box 30026  

Lansing, MI  48909  

Fax: (517) 335-0046
August 26, 2005

TO: Human Resource Directors
    Labor Relations Liaisons
    Exclusive Representatives
    Limited Recognition Organizations

FROM: Jill M. Nowicki

SUBJECT: VDT/CRT Operator Reimbursement for Special Glasses Applies to the following units:
          E42, H21, L32, U11, W22, W41, Y23, Y51, Y99, and Y98
          GL-05-01

A. This notice supersedes all prior notices concerning the VDT/CRT Operator Reimbursement
   for Special Glasses.

This notice contains modified rates effective immediately for the single, bi-focal, tri-focal and
progressive lens for participating providers and includes general information.

1. Reimbursement by the department is appropriate only when the employee requires a second
   pair of glasses that are a different prescription than the first and are required because of
   working on VDT/CRT equipment. An employee obtaining glasses for working on the
   VDT/CRT who does not otherwise wear glasses would not be covered by this provision.

2. Reimbursement requests should be handled in accordance with normal departmental
   reimbursement procedures. The reimbursement form DMB-2212-OSE “Request for
   Reimbursement VTD/CRT Operator Corrective Glasses” is attached. This form can also be
   found on our web page at http://www.michigan.gov/ose. Once on the page, the “form” link is
   on the left panel. The DMB-2212-OSE is under the heading “Other Forms”
3. Maximum reimbursement amounts are as follows. This reimbursement includes the employee’s copay.

a. Blue Cross Blue Shield Participating Providers

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Single Lens</td>
<td>$107.50</td>
</tr>
<tr>
<td>(2) Bi-focal Lens</td>
<td>$140.25</td>
</tr>
<tr>
<td>(3) Tri-focal Lens</td>
<td>$217.50</td>
</tr>
<tr>
<td>(4) Progressive Lens</td>
<td>$140.25</td>
</tr>
<tr>
<td>(5) Prism Lens</td>
<td>$ 15.00</td>
</tr>
<tr>
<td>(6) Frames</td>
<td>$ 55.75</td>
</tr>
<tr>
<td>(7) Tint (up to #2)</td>
<td>$  8.00</td>
</tr>
</tbody>
</table>

b. Non-Participating Providers (no change)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Single Lens, Plastic</td>
<td>$ 16.00</td>
</tr>
<tr>
<td>(2) Bi-focal Lens, Plastic</td>
<td>$ 23.00</td>
</tr>
<tr>
<td>(3) Tri-focal Lens, Plastic</td>
<td>$ 27.00</td>
</tr>
<tr>
<td>(4) Progressive Lens</td>
<td>$  23.00</td>
</tr>
<tr>
<td>(5) Prism Lens</td>
<td>$   2.00</td>
</tr>
<tr>
<td>(6) Frames</td>
<td>$   14.00</td>
</tr>
<tr>
<td>(7) Tint (up to #2)</td>
<td>$    3.00</td>
</tr>
</tbody>
</table>

This plan has limitations of a maximum size of 71mm and a tint of #2. Any size larger than 71mm or any tint higher than #2 is to be paid by the employee.

4. If you receive a bill from a participating provider which exceeds the maximums FOR LENSES outlined in 3.a. above, pay the amount allowed and forward a copy of the itemized statement and a copy of the completed VDT/CRT Operator Corrective Glasses Reimbursement Form (DMB-2212-OSE) to the Department of Civil Service, Employee Benefits Division (EBD), Attention: Lauri Schmidt. If only the frame cost exceeds the maximum, there is no need to submit documentation. The employee will be responsible for any excess costs on the frames.

5. Employees who go to a non-participating provider are responsible for all charges in excess of those outlined in 3.b. above.

B. Some of the facts concerning this benefit:

1. An employee does not need to be enrolled in the vision plan to be eligible for reimbursement.

2. The department is not liable for reimbursing for the eye exam. If the employee is covered under the State Vision Plan, that plan provides for one eye exam in each 12-month period. If the employee is not covered under the State Vision Plan, the employee is responsible for the eye exam charge.

3. The co-pay requirements (the $7.50 for lenses and frames for par-providers) will be paid by the department and is included in the reimbursable amount (see 3.a.).

4. This is not a taxable benefit.
5. If a tint is billed separately and it is beyond Tint #2, it is not reimbursable.

6. Coatings such as Ultraviolet (UV), Anti-reflective (AR) coating, scratch guard and polycarbonate are optional and will not be reimbursed.

7. If there is a question about the par/non-par status of the provider, simply call the provider. Using the request for reimbursement form referenced in Part A, Item 2 above should eliminate most questions of this nature.

cc: Lauri Schmidt
OSE Staff
REQUEST FOR REIMBURSEMENT - VDT/CRT OPERATOR CORRECTIVE GLASSES

GENERAL INFORMATION:
- This form is to be completed by an employee who is requesting the Agency to pay for a set of frames and lenses to be used with VDT/CRT screens. Such reimbursement may be approved no more than once in a twelve-month period.
- There is a maximum reimbursement depending on the type of lens, tint, and provider.
- Employees who do not otherwise wear glasses are not covered by this reimbursement process and should not complete this form. Payment in such cases would come under the Group Vision Plan, provided the employee has this coverage.
- This reimbursement process does not cover eye examinations. If an employee’s eye examination was less than a year ago, the employee is to advise their vision practitioner to use the results of the employee’s last exam. If the eye examination was more than a year ago and the employee has coverage under the State Vision Plan, their benefit will allow for another eye exam. (Exam under the State Vision Plan should be billed to Blue Cross/Blue Shield of Michigan).
- Tints beyond tint #2 are not covered.
- Reimbursement by the agency is appropriate only when the employee requires a second pair of glasses which are a different prescription than the first and required because of working on the VDT/CRT equipment.
- Employees are ineligible to receive reimbursement when a portion of the glasses is paid by BCBSM. The VDT/CRT Plan is not meant to supplement the cost of the first pair of glasses.
- This form must be accompanied by a copy of a detailed statement by the provider and proof of payment (receipt, cancelled check, etc.).

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name</td>
<td>Employee ID</td>
<td>Social Security No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Address (Street Number and Name)</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I certify that I normally wear corrective lenses.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPERVISOR CERTIFICATION</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Location</td>
<td>Work Site</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THIS ACCOUNTING AREA MUST BE COMPLETED IN ORDER FOR A REIMBURSEMENT TO PROCEED.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(AG) Agency Code</td>
<td>(AY) Approp. Year</td>
<td>Index Code</td>
<td>Program Cost Account (CSS &amp; M#)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I certify that this employee utilizes a VDT/CRT.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VERIFICATION BY PRACTITIONER (Check Appropriate Boxes, Sign, and Date)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a BCBSM participating provider.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is this the employee’s second pair of glasses?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The prescription lenses (single, bifocal or trifocal) for this set of glasses is different from the patient’s other glasses.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Glass Lens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>Plastic Lens</td>
<td>Lenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tint</td>
<td>Tint Number</td>
<td>Prism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practitioner Signature</td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTHORIZATION</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement is approved</td>
<td>Amount</td>
<td>Authorizing Signature (Personnel Director or Designee)</td>
<td>Date</td>
</tr>
<tr>
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39
Voluntary Work Schedule Adjustment Agreement

This form should be filled out by eligible employees interested in participating in the Voluntary Work Schedule Adjustment program. Those eligible are non-exclusively represented employees, and employees in the Human Services Support, Scientific and Engineering, Labor and Trades, Safety and Regulatory, Administrative Support, Human Services, and Technical bargaining units. This form must be approved by the individual's immediate supervisor and the Appointing Authority of the Department.
STATE OF MICHIGAN
VOLUNTARY WORK SCHEDULE ADJUSTMENT AGREEMENT

Name_________________________________ ID # ___________ Classification______________ Bargaining unit______
Dept _____________ Work location___________________________ TKU______ Work phone_____________________

In accordance with the voluntary work schedule adjustment agreement, I request the following voluntary change in conditions of my employment. I understand that my supervisor and I must agree in writing on my work schedule.

___ Plan A Single pay period in lieu of annual leave use (up to 40 hours in a single pay period per fiscal year)
PPE____________ Total hours reduction for the pay period_____

Proposed work schedule (hours in pay status per day)

<table>
<thead>
<tr>
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<th>Total Hrs/PP</th>
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</table>

___ Plan A Multiple pay period reduction of hours (limit 16 hours reduction per pay period)
Start date_______________ End date_____________ Total hours reduction per pay period _______

Proposed new work schedule, (hours in pay status per day)

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<tr>
<th>Sun</th>
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<th>Total Hrs/PP</th>
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</thead>
</table>

___Plan C Unpaid leave of absence (Maximum period 3 months)
Unpaid leave of absence beginning ______________ and ending on ______________

By signing this Plan C agreement I understand that during this leave of absence I may elect to continue my present State-sponsored group insurance coverage by pre-paying my present share of the premium prior to departure.

Cancellation of Agreements: An agreement under this program can be terminated by the department upon ten (10) working days’ notice in writing to the employee. Such termination shall not be grievable. The employee may terminate this agreement upon ten (10) working day’s notice in writing.

Employee’s Signature_______________________________ Date________________

A description of the details of each Plan, including eligibility requirements can be found on the reverse of this Agreement.

Approved___ Denied*___  ___________________________ _________________________
Supervisor Name   Signature

Approved___ Denied*___  ___________________________ _________________________
Division/Bureau Director Name  Signature

Approved___ Denied*___ __________________________ _________________________
Appointing Authority Name   Signature

*Please attach brief explanation if denied

For Personnel Office Use Only

I__I__I__I__I__I__I__I  I__I  I__I__I   I__I__I__I__I__I__I__I__I

Employee ID Number  Plan Code Hrs. Deferred Ending Date MO DA YR

Complete in triplicate: One copy to be retained by employee, one by the supervisor and one forwarded to Human Resources.
VOLUNTARY WORK SCHEDULE ADJUSTMENT PROGRAM

Eligibility

Banked leave time hours must be exhausted before Plan A or C hours may be used. Full-time employees who have satisfactorily completed the first 720 hours of their initial probationary period are eligible to participate in the Voluntary Work Schedule Adjustment Program Plan A with supervisory approval. Full and part time employees who have satisfactorily completed their initial probationary period may participate in Plan C with supervisory approval. Permanent Intermittent employees are not considered full time for purposes of this agreement.

Employees will not incur a break in service by voluntarily participating in this program.

Non-exclusively represented employees, and UAW, MPE, UTEA, SEIU 31M, and MSEA represented employees are eligible to participate:

Hours taken under any of the following plans may count against an employee’s leave entitlement under the Family and Medical Leave Act, if taken for a qualifying purpose.

Participation may impact deductions for Deferred Compensations Plans, 457 or 401K. Employees will be allowed to adjust the amount of their deductions by contacting CitiStreet @ 1-800-748-6128.

Plan A Reduction of Hours

Plan A allows employees to take hours off work unpaid. Retirement service credits, longevity compensation, step increases, employment preference, holiday pay, annual and sick leave accruals will continue as if the employee had worked and received pay for the Plan A hours. Premiums, coverage and benefit levels for insurance programs (including LTD) in which the employee is enrolled will not be changed as a result of participation in Plan A.

Use of Plan A time does not increase annual leave caps. Employees are responsible for monitoring their leave balances.

Plan A Single Pay Period

Employees may request up to 40 hours of Plan A time in lieu of annual leave use. Use must be in a single pay period, and may only be approved once during a fiscal year.

Plan A Multiple Pay Period

Employees may reduce the number of hours worked, by one to sixteen hours per pay period. Requests may be for any number of pay periods, however a new form is required for any change in the number of hours requested per pay period. The schedule may be constant or may vary from pay period to pay period. If the employee and supervisor agree to a varied schedule the employee need not complete the schedule portion of the form.

Plan C Unpaid Leave of Absence

Leaves will be for a minimum of 80 hours and may be extended at the request of the employee with approval by the employer (appointing authority). No leave shall extend beyond 3 months.

An employee’s share of insurance premiums must be pre-paid prior to entry on leave. Accumulated annual and sick leave balances will be frozen for the duration of the leave.
SPACE RENOVATION AND MODIFICATION

Finance and Administrative Services is responsible for coordinating acquisition, renovation, and modification of space for all Michigan Department of Labor & Economic Growth (DLEG) agencies, and carries out this responsibility through the Office Services Division. Only Administrative Services has the authority to acquire additional office space. In all circumstances and at all times, space shall be assigned in state owned office buildings and privately leased facilities so as to accomplish efficient utilization based upon the function for which the space is to be used. Space standards established by the Michigan Department of Management and Budget (DMB) shall be applied to all DLEG locations.

Reasonable accommodations for additional space exceeding space utilization or space redesign standards must be documented by the requesting bureau, and supported by medical documentation.

The DMB, through coordination with DLEG/Office Services, shall perform real estate leasing functions, and space modifications and renovation functions in state-owned facilities. In leased facilities, Office Services, through DMB, will provide modification and renovation functions.

Movement of modular components shall be done only by trained construction personnel. In state owned facilities, modular components are generally moved by DMB personnel.

Costs incurred for expanded space design, construction, modular office components, materials, electrical and telephone changes, and moving expenses in leased space shall be the responsibility of the requesting DLEG unit. In most cases, the requesting DLEG unit shall be responsible for any costs incurred in modifying or renovating space to meet reasonable accommodation requests due to the urgency of the work; or when materials must be acquired from the DMB stock inventory, or private vendors.

Each DLEG unit’s personnel liaison shall serve as the space representative, primarily responsible for contacts regarding reasonable accommodation space requests.

In State-Owned Space

- The requesting DLEG unit will prepare written reasonable accommodation requests for change to existing space, or acquisition of additional space. Indicate funding source (Index with PCA and/or Grant Number and phase) from which additional costs may be incurred.
- Obtain Reasonable Accommodation Coordinator approval for space change requests and forward approved request to the Office Services Division. Finance and Administrative Services will forward request to the DMB Space Management, Assignment and Planning Division for design and construction.
- Office Services will review the DMB’s proposed preliminary and working space designs with designated DLEG unit representative; and amend or modify design as necessary; seek DLEG unit concurrence, and return the approved plan to the DMB for construction.

In State Leased Space
> The requesting DLEG unit should prepare written reasonable accommodation request for change to existing space or acquisition of additional space.

> Obtain Reasonable Accommodation Coordinator approval for requested space change and forward approved request to the Office Services Division.

> Finance and Administrative Services will prioritize approved requests for space changes; consult with DLEG unit as necessary to determine most effective response to space request; obtain space design services from outside contractor and/or lessor; review proposed preliminary and working space designs with designated DLEG unit representative and contractor/lessor; amend or modify design as necessary, and seek DLEG unit concurrence.

**NOTE:** Please see DMB Procedures 0210.03, Modular furniture request and 0212.05, Space modification, for further details.
DMB-123 Special Service Request for DMB-Owned Facilities
Form Completion Instructions

Important: For DMB-Owned Facilities ONLY.
Please refer to attached building and facility manager listing.

Each Agency has established a list of authorized signators for all service requests (space requisitions, reasonable accommodation, building modifications, mechanical and structural changes, etc.) submitted to the Department of Management & Budget (DMB).
The established/Authorized signator must complete a Special Service Request form for all space and/or building modifications and forward it to the appropriate DMB Facility Manager.

The Customer must complete Sections A & B.

A. Date Submitted – Date an Agency submits the form to DMB.
E-Mail Address – Agency contact’s e-mail address.
State Agency Code – Identify with 3-digit M.A.I.N. department code.
Agency Contact Person – DMB will communicate with this individual regarding this request.
Phone – Agency contact telephone number.
Department/Division – Identifies department and specific division.
Building – Facility where work has been requested.
Floor – Floor where service has been requested.
Work Location Address – Facility address where work will be performed.

B. Work Description – Describe in detail the work requested.
Disposal Request Required – Check yes/no. This section must be completed as all public property such as modular furniture, lateral files, chairs, office supplies, etc., must always utilize DMB State Surplus for disposal. The DMB-222 Disposal Request form may be found at: http://www.michigan.gov/documents/DMB-222_Disposal_Request_62906_7.rtf

Number of Modular Workstations - Identify the number of workstations being requested.
Number of Ceiling High Offices – Identify the number of ceiling high offices (non-modular) to be constructed.
Structural Changes – Please provide details if known on an attached document. Identifying HVAC, electrical, or life safety changes that will be necessary to complete this work order. It is the responsibility of the Agency to request data and phone lines directly from the Department of Information Technology.
Account Coding - Please complete agency accounting information.
Estimate Approval Signatures - DMB & Agency Authorized Signatures

C. For DMB Use Only – Do not write in this field
D. Agency Authorized Signature/Date – Agency Authorized Signature and Date.

Note: DMB will meet with the Agency Contact Person to discuss the scope of work being requested within fourteen days.

Electronic Submission of this form by the authorized department signator indicates that funding for this request has been approved by the authorized budget or administrative officer of the department.
## Service Identification

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<tr>
<td>Email Address</td>
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<td>State Agency Code</td>
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<td>Agency Contact Person</td>
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## Work Description

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<td>Number of Ceiling High Offices</td>
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<td>Structural Changes?</td>
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<td>Please provide detail if known</td>
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### ESTIMATE APPROVAL

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<td>Agency Authorized Signature</td>
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### DMB Project Estimate/Actual – For DMB Use Only

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*Agency contact notified when cost exceeds estimate by 10%*

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<td>Agency Authorized Signature</td>
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0210.03 Modular furniture request

Issued January 6, 1997

SUBJECT: Modular furniture request.

APPLICATION: Executive Branch Departments and Sub-units located in facilities under the jurisdiction of Department of Management and Budget (DMB).

PURPOSE: Establish uniform procedures for review and approval of interior space-changes, adjustments or repairs.

CONTACT AGENCY: Department of Management and Budget (DMB) - Office of Support Services (OSS)

TELEPHONE: 517/335-1988

FAX: 517/335-4421

SUMMARY: This section provides the procedures to follow after determining modifications of office space and/or individual offices are required. These services include accommodation, adjustment or repair requests or space modification requests.

APPLICABLE FORMS: DMB-603, Modular Furniture Accommodations or Repair Request Form. DMB-604, Space Modification Request Form.

PROCEDURES:

DMB:
- Assigns space in State-owned office buildings in order to accomplish efficient use based solely upon the function of use.

Agency:
- Requests changes in office layout or space assignment by submitting Form DMB-604, Space Modification Request for more extensive changes, to the OSS.
- Requests for emergency, health and safety-related repairs, reasonable accommodation modifications, minor work station modifications not requiring any new parts and/or minor repairs may be submitted directly to OSS or through the facility manager's office.
  - A department may request these changes by submitting Form DMB-603, Modular Furniture Accommodations or Repair Request for minor changes.

OSS:
- Reviews initial request and prioritizes projects within 1 of the following categories:
  - Fill vacant space.
  - Recapture space via the use of modular furniture.
  - Modify space to comply with an Executive or Legislative order.
  - Modify space required by an agency for specific changes in work task adjustments.
  - Upgrade space for worn or obsolete physical attributes.
  - Modify space to facilitate organizational efficiency.
- May request payment from requesting agency for all or part of project funding if allocations are depleted, and special accommodations are needed to complete the request or if the request has a significant impact on the mechanical or electrical systems.
- Advises departments of the need to reduce or expand a departmental request pending available funding or the need to replace obsolete physical attributes.
- Forwards notice of approved project, after considering request, to the PMD (See Procedure 0110.03 and 0210.04).

Distribution Date: 1-6-97

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Procedure 0210.03
**DEPARTMENT OF MANAGEMENT AND BUDGET**
**INFRASTRUCTURE SERVICES DIVISION**

**MODULAR FURNITURE ACCOMMODATION, ADJUSTMENT OR REPAIR REQUEST**

**INSTRUCTIONS:** Please Type or Print Clearly. After completion, return to Infrastructure Services, 1st Floor, Mason Building.

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<th>DATE SUBMITTED</th>
<th>DATE RECEIVED BY IS</th>
<th>PROJECT NUMBER</th>
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**TYPE OF SERVICE REQUESTED:** (Check the box that represents the service requested.)

- [ ] EMERGENCY - A health or safety hazard exists. Immediately notify the facility manager.
- [ ] REASONABLE ACCOMMODATION REQUEST - Supporting documentation is on file in department.
- [ ] ADJUSTMENT - Adjusting work surface heights and relocating drawers, task lights, shelves, etc. (No Additional Parts Needed)
- [ ] REPAIR - Repairing drawers, flipper doors, etc.

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<th>BUILDING</th>
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<th>COLUMN LOCATION</th>
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**TYPE OF MODULAR INVENTORY INVOLVED (Circle all that apply)**

- [ ] Herman Miller
- [ ] Westinghouse
- [ ] Haworth
- [ ] Other

**DETAILED DESCRIPTION OF WORK REQUIRED**

**MATERIALS AND/OR LABOR CHARGED TO**

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<tr>
<th>ADVICE OR JOB TICKET NO.</th>
<th>The project may be delayed if coding information is incorrect.</th>
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**CONTACT PERSON**

- PHONE NUMBER
- DEPARTMENT AUTHORIZED SIGNATURE

**FOR OFFICE OF SUPPORT SERVICES USE ONLY**

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<th>ESTIMATED COST</th>
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48
0210.05 Space modification

Issued January 6, 1997

SUBJECT: Space modification.

APPLICATION: Executive Branch Departments and Sub-units located in facilities under the jurisdiction of Department of Management and Budget.

PURPOSE: Establish procedures to obtain interior design-related services. Services are provided to ensure uniform application of standards and compatibility with building operational systems.

CONTACT AGENCY: Department of Management and Budget (DMB) - Property Management Division (PMD)

TELEPHONE: 517/373-0987
FAX: 517/373-0752

SUMMARY: When an Executive Branch Department or Sub-unit has determined that planning and design activities are required in DMB-operated facilities, the agency's proposals must be authorized by the Office of Support Services (OSS). Services provided by the PMD include planning, design and construction of all building interiors, including ceiling-high and modular offices.

APPLICABLE FORMS:
- DMB-603, Modular Furniture Accommodations or Repair Request Form.
- DMB-604, Space Modification Request Form.
- DMB-638, Work Place Group Audit.

PROCEDURES:

Agency:
- Obtains approval for the project from OSS (See Procedure 0210.02).

PMD:
- Receive notice of approved project from OSS.
- Assigns a designer to each project, who will contact the requesting agency.

Agency/PMD:
- Develop, with designer, the following design stages:
  - Block plan:
    -- This overall plan indicates the basic relationship of individuals as well as related conference areas, copy areas, corridors, etc.
    -- The plan also establishes availability of heating, ventilation, air condition systems, electrical supply and structural load capabilities.
  - Preliminary plan:
    -- After departmental block plan approval, the plan is further developed to specify the details for each office area according to departmental needs and consistent with uniform space standards. (See Procedure 0210.04).
  - Final plan:
    -- A signature is required on the plan by a departmental representative which approves the total area for complete renovation.
  - Construction plan:
    -- Every component required to complete the project is specified by the Design Section of the PMD. The project is released by the PMD design section to the PMD Construction Section or manages contracts for ________.
    -- Construction contacts requesting agency to schedule the various stages of work.

Distribution Date: 1-6-97
Procedure 0210.05

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DEPARTMENT OF MANAGEMENT AND BUDGET
INFRASTRUCTURE SERVICES DIVISION

SPACE MODIFICATION REQUEST

INSTRUCTIONS: Please Type or Print Clearly. After completion, return to Infrastructure Services, 1st Floor, Mason Building.

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<th>REQUESTING DEPARTMENT USE</th>
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REASON FOR AND A DETAILED DESCRIPTION OF THE WORK REQUIRED

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<th>NUMBER OF MODULAR WORKS STATIONS TO BE DESIGNED/MODIFIED</th>
<th>NUMBER OF CEILING HIGH OFFICES/ROOMS</th>
<th>TOTAL NUMBER OF WORK STATIONS TO BE DESIGNED/MODIFIED</th>
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WHAT TYPE OF MODULAR INVENTORY IS INVOLVED (Check All That Apply)

- Herman Miller
- Westinghouse
- Haworth
- Other

IF PRIVATELY LEASED SPACE IS AFFECTED, WHERE IS IT LOCATED AND WHEN DOES THE LEASE EXPIRE

DOES THIS REQUEST

- Increase Space
- Decrease Space
- Space Does Not Change

WILL THIS REQUEST REQUIRE (Check All Boxes That Apply)

- Electrical Work
- Telephone Work
- Computer Changes (Electrical and Networking)

EXPLAIN ANY SPECIAL TIME CONSTRAINTS WHEN THE PROJECT CAN OR CANNOT BE CONSTRUCTED

EXPLAIN ANY SPECIAL CONSIDERATIONS WE SHOULD BE AWARE OF

MATERIALS AND/OR LABOR CHARGED TO

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DEPARTMENT AUTHORIZED SIGNATURE

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50
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
ACCESSIBLE MEETINGS AND EVENTS POLICY
Effective date: 03-31-05

Background:
The Michigan Department of Labor and Economic Growth (DLEG) plans and sponsors meetings and events attended exclusively by DLEG staff as well as those attended by individuals and organizations outside the department. In addition, DLEG plans portions of and co-sponsors meetings and events with other organizations and individuals outside the department. In keeping with federal and state disability rights laws and the value of inclusion, it is the intent of this policy to standardize the department’s planning of and participation in meetings and events to ensure accessibility for all participants.

POLICY:

DLEG-SPONSORED MEETINGS AND EVENTS

Events and meetings planned and sponsored entirely by DLEG will be accessible, whether attended by DLEG staff, individuals from outside the department, or both. This policy includes but is not limited to meetings open to the public, conferences, educational events, press conferences, staff training and retreats. “Accessible” means that all who are qualified to attend will be able to attend, participate in all activities, and have access to information in the needed alternative formats in a timely manner that allows full participation during the event. At a minimum, the site will be barrier-free, and additional accommodations will be provided upon request with advance notice.

Event announcements should be made 10 work days in advance or at least the number of days necessary to receive and respond to requests for accommodations. These announcements should include a statement similar to the following:

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact (name of person) at (contact information) at least (number of) work days before the event.

When DLEG staff participate in an event planned and/or sponsored by another organization, the portion of the event presented by DLEG staff should be accessible, and DLEG staff will advocate for accessibility and provide technical assistance to increase accessibility at the entire event.

The DLEG bureau participating in the meeting or event is responsible for implementing this policy. Questions on this policy may be directed to DLEG Americans with Disabilities Act (ADA) Coordinator Myrtle Gregg-LaFay at (517) 335-5824.

Approved: [Signature]
Dated: 1-12-05

David C. Hollister, Director
STAFF ACCOMMODATIONS NEEDED TO PARTICIPATE IN TRAINING ORGANIZED BY THE DEPARTMENT

**Employee’s Responsibilities**

Employees who attend training supported by the department are responsible for requesting needed accommodations at least 10 days in advance of the training. Due to the limited availability of qualified interpreters, requests for interpreter service should be made four weeks in advance of the training. Except as noted below, department staff who are organizing such sessions are responsible for coordinating the needed accommodation services.

**Immediate Supervisor’s Responsibilities**

The supervisor must discuss the need for special housing accommodations (e.g., private rooms) and transportation with the employee and approve the agreed upon accommodations. Costs for transportation accommodations are charged to the unit’s general budget.

If the employee uses a prescription device (e.g., a chair or an assistive listening device), the supervisor must consult with the training organizer to determine whether the device should be transported to the training site or a comparable device leased/rented for the duration of training.

If supervisors add or change participants, they must notify the training organizer and ensure that there is sufficient lead time to organize any resulting changes in accommodation needs.

**Training Organizer’s Responsibilities**

The training organizer will be responsible for addressing known accommodation needs, in accordance with the DLEG Accessible Meetings and Events Policy. The training organizer will work in collaboration with the immediate supervisor and the individual, to accomplish the accommodations needed. Examples are interpreter services, written materials in alternate formats (e.g., large print, electronic format, audio tape, braille), seating, equipment rental, and transportation of accommodation equipment.

Additional accommodation-related costs will be charged to the budget of the employee’s unit.
TRAINING PROGRAMS PRESENTED BY OTHER ORGANIZATIONS

When the department pays tuition to another organization for training, the sponsoring organization is responsible for meeting reasonable accommodation needs, including site accessibility.

**Employee Responsibilities**

Employees are responsible for notifying the sponsoring organization of any accommodation needs at the time of registration, or at the time specified by the sponsoring organization.

**Immediate Supervisor's Responsibilities**

Accommodation costs related to housing, transportation, and personal assistance services will be covered by the employee's unit, unless the costs are covered by the sponsoring organization.

At times, sponsoring organizations claim that providing the needed accommodations will constitute an undue burden. Immediate supervisors should use a common sense approach to negotiating coverage of accommodations. In such instances, the immediate supervisor may wish to consult with the (Insert Position Title). Generally, larger organizations would be expected to ensure physical access and to provide services such as interpreters, large print, braille, assistive listening devices, and audio tapes. For smaller organizations, needed accommodations may indeed constitute an undue burden. In these cases, department funds may be used to cover the accommodation costs.
The Michigan Rehabilitation Services (MRS) Disability Management (DM) Program of the Department of Labor and Economic Growth is a statewide resource for employers/employees who need assistance with the case management of injuries or illnesses that may have an effect on an individual’s employment. The DM Program’s purpose is to maximize productivity and minimize cost associated with disabilities that prevent people from returning to work. It is a fee-for-service program mandated to recover costs by Michigan’s PA 315 of 1982.

The licensed professional staff of the MRS DM Program, including certified rehabilitation counselors and registered occupational therapists, can assist in three major areas.

**Return to Work Services**

Return to work services are arranged and provided to facilitate early return to work for persons who have been absent due to injury or illness. This assistance is available through:

- Vocational Case Coordination, including an initial assessment, testing, career counseling, job seeking skills training, and job placement and development.
- One-on-one assistance with developing an Individualized Employment Plan.
- Vocational Evaluations utilized to answer questions about the employability or employment potential of an individual. These may include a vocational multifactor assessment profile, Transferable Skills analysis via Open Options, and Labor Market Survey.
- Communication with past employers and medical providers and career counseling allowing for appropriate support throughout the return to work process.
- Career Planning and Placement utilizes information gathered through vocational evaluations as well as a worker's interests and abilities to assist with the development of goals, planning and job development and/or placement.

**At Risk Services**

Employees who are at risk of losing their jobs because of illness or injury are also a concern for employers. The following assistance is provided:

- Ergonomic assessments recommend work place adjustments to maintain productivity for employees with limitations, which may include a worksite assessment, seating evaluation, training in appropriate work habits and processes and a written report with specific recommendations;
- Work risk analysis identifying issues that place a person performing a given job at risk for injury. This can be done for an individual or a job classification.

**Training Services**

Increasing a worker’s understanding of how their work habits and body mechanics influence their comfort, health and efficiency at work is essential for a long lasting reduction in work related risks. Training in these areas may include:
- Training in general ergonomic principles through Civil Service offering information and hands-on experience to provide an efficient and effective means for facilitating improved worker habits to reduce the incidence of work-related injuries.
- On-site training targets the specific work related risks present in a particular job or group of jobs at that location, allowing specialized application of general principles to the specific work tasks and environment.

Additional services are provided in the areas of Americans with Disabilities Act (ADA) information, disability awareness consultation, reasonable accommodation resources, technology and computer access evaluations and recommendations, medical management coordination, occupational therapy evaluations, and home accessibility and home-based business evaluations.

If you feel that MRS’ Disability Management Program may be of assistance to you or your employees, contact the department’s RAC regarding the referral process.
MICHIGAN REHABILITATION SERVICES  
DISABILITY MANAGEMENT PROGRAM  
REQUEST FOR SERVICES  
Workers’ Comp/Auto No-Fault/District Office  

*Please contact the Accommodation Center for help filling out or printing this form.  

<table>
<thead>
<tr>
<th>Referral Source:</th>
<th>Date:</th>
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<tbody>
<tr>
<td></td>
<td>Phone:</td>
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<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Disability:</td>
</tr>
<tr>
<td>City/State/Zip Code:</td>
<td>County:</td>
</tr>
<tr>
<td>Phone Number(s):</td>
<td>DOB:</td>
</tr>
<tr>
<td>Last Day Worked:</td>
<td>Date of Injury:</td>
</tr>
<tr>
<td>Employer:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

SERVICES REQUESTED:  
☐ Work Site Evaluation (where work is done)  
☐ Job Analysis (employee specific what they do)  
☐ Return to Work Evaluation (Accommodations)  
☐ Accommodation Request  
☐ Task Chair Evaluation (employee specific)  
☐ Other (Please Specify Below)

MEDICAL/LEGAL INFORMATION:  

<table>
<thead>
<tr>
<th>Physician:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attorney:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

INSURER (if applicable):  

<table>
<thead>
<tr>
<th>Insurer:</th>
<th>Address:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Coverage:</td>
<td>Workers’ Comp</td>
</tr>
<tr>
<td></td>
<td>No Fault Auto</td>
</tr>
<tr>
<td></td>
<td>LTD</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Claim Number:</td>
<td>Claims Rep:</td>
</tr>
<tr>
<td></td>
<td>Phone:</td>
</tr>
</tbody>
</table>

ADDITIONAL INFORMATION:  

Please fax or e-mail completed copy of this form and medical documentation to the nearest office:

DISABILITY MANAGEMENT PROGRAM  
ACCOMMODATION CENTERS  

<table>
<thead>
<tr>
<th>Michigan Accommodation Center</th>
<th>Disability Management Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1048 Pierpont, Suite 6</td>
<td>38955 Hills Tech Drive, Suite 210</td>
</tr>
<tr>
<td>Lansing, Michigan 48913</td>
<td>Farmington Hills, Michigan 48331</td>
</tr>
<tr>
<td>Phone: (517) 241-0314</td>
<td>Phone: (248) 848-7020</td>
</tr>
<tr>
<td>Fax: (517) 241-0375</td>
<td>Fax: (248) 848-7025</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:calabresep@michigan.gov">calabresep@michigan.gov</a></td>
<td>E-mail: <a href="mailto:kittlem@michigan.gov">kittlem@michigan.gov</a></td>
</tr>
</tbody>
</table>

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STATE TRAVEL ACCOMMODATIONS

MDOT Air Transport

To make a request for an accommodation, call MDOT Air Transport at (517) 335-9986 and ask for the aircraft dispatcher. Let them know the situation and they will make the accommodation, if possible.

Assigned State Vehicle (Individual or Office)

For DLEG employees with a disability whose travel on the job warrants an assigned state vehicle, there is a process for requesting certain accommodations on state vehicles. If an employee has a disability related to braking, sitting, reaching, etc., that impacts on their ability to use a state vehicle, they can request an accommodation by submitting a “Disability Accommodation Request by Employee” form (CS-1668) along with medical documentation, to the Reasonable Accommodation Coordinator (RAC) assigned to their bureau. This form should be filled out completely and signed by the employee requesting the accommodation (driver). The RAC will review the request and notify the employee if the accommodation request is approved or denied. If approved, the request will be forwarded to DLEG’s Fleet Manager for submission to DMB/Motor Transport Division (MTD). MTD will determine whether or not the accommodation can be made. The RAC will maintain the medical information in confidential files at DLEG.

The accommodation request form is available on the Civil Service website at http://www.michigan.gov/mdcs/. Click on “MDCS Forms” on the right side of the web page.

Premium Mileage

Premium mileage may be approved if an employee’s accommodation request cannot be met. Also, if DLEG employees do not travel with enough frequency to warrant an assigned state vehicle, and a pool vehicle is not available with needed accommodations, premium mileage reimbursement may be approved.
<table>
<thead>
<tr>
<th>IF YOU HAVE ANY QUESTIONS REGARDING:</th>
<th>TELEPHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding for MRS staff accommodation evaluations, services, equip; Coding fiscal documents related</td>
<td>Karen Nobach, MRS Budget*</td>
</tr>
<tr>
<td>to staff accommodation;</td>
<td>517-373-2594</td>
</tr>
<tr>
<td>How to contract with a vendor: e.g. Interpreters, OTs, Drivers --General Guidance</td>
<td>Myrtle Gregg-LaFay, (RAC) 517-335-</td>
</tr>
<tr>
<td>--CS 138 Process - MRS centrally produced</td>
<td>5824 or Harold Lewis, 313-456-2461</td>
</tr>
<tr>
<td>--Payment to Vendor</td>
<td>Karen Nobach, MRS Budget*</td>
</tr>
<tr>
<td>--CS 138 Process</td>
<td>517-373-2594</td>
</tr>
<tr>
<td>Purchase of goods and services, including furniture;</td>
<td>LeAnn Droste, Purchasing</td>
</tr>
<tr>
<td>Modifications to state owned or leased buildings, space and modular furniture;</td>
<td>517-373-3847</td>
</tr>
<tr>
<td>Help/support in initiating an accommodation request;</td>
<td>Myrtle Gregg-LaFay or Harold Lewis,</td>
</tr>
<tr>
<td>Help in addressing accommodation issues related to changes in schedule, sick leave use, etc.;</td>
<td>(EO Office) 517-335-5824 or 313-456-2461</td>
</tr>
<tr>
<td>Resources for evaluations, services, and equipment;</td>
<td></td>
</tr>
<tr>
<td>Recommendations and strategies for implementing requested accommodation;</td>
<td></td>
</tr>
<tr>
<td>Liaison with other state agencies on accommodation issues.</td>
<td></td>
</tr>
<tr>
<td>Ergonomic information and resources;</td>
<td>Harold Lewis, Ass’t EO Officer, 313-</td>
</tr>
<tr>
<td>Modifications to state cars:</td>
<td>456-2461</td>
</tr>
<tr>
<td>--Accommodation request</td>
<td>Myrtle Gregg-LaFay, RAC</td>
</tr>
<tr>
<td>--DMB approval, paperwork</td>
<td>517-335-5824</td>
</tr>
<tr>
<td>Work Site and Task Chair Analysis, Job Analysis etc.:</td>
<td>DLEG-Sharon Lycos, Finance</td>
</tr>
<tr>
<td>-- referral process</td>
<td>517-373-4785</td>
</tr>
<tr>
<td>-- conduct evaluations</td>
<td>MEDC-Peter Morris, 517-335-5809</td>
</tr>
<tr>
<td>*Note: This contact person is for Rehabilitation Services Staff only</td>
<td></td>
</tr>
</tbody>
</table>

(Revised 9-1-05)
POLICY

This policy establishes guidelines for the assignment of handicap/disability parking in State of Michigan, Department of Management and Budget (DMB) owned and operated parking areas. This policy does not supersede the promulgated rules concerning this subject (see DMB Procedure 0210.07 Parking on state property) but only serves to clarify handicap/disability parking assignments.

GUIDELINES

UNGATED PARKING, GATED PARKING, & RAMP PARKING

1. A separate list shall be established for handicap/disabled parking.
2. All handicap/disability parking spaces, in State of Michigan owned and operated parking areas, shall be assigned in a chronological order (see DMB Procedure 0210.07 Parking on state property) as submitted.

HANDICAP/DISABILITY PARKING

1. Employees that have either a Secretary of State handicap/disability placard or license plate shall be assigned reserved accessible parking where available according to the guidelines outlined above.

2. All handicap/disability (reserved accessible) designated parking spaces shall be in compliance with the Michigan Building Code and the Americans with Disability Act's Accessibility Guidelines (ADAAG).

3. Handicap/disability designated parking spaces are located in all DMB operated parking lots and ramps adjacent to buildings housing State of Michigan employees. When approved, employees will be provided with a specific handicap/disability designated parking space.

4. Only those persons assigned to a handicap/disability parking space may utilize the space. Unauthorized vehicles parking in the space will be ticketed.

5. Where parking rates are charged they shall be consistent with those being charged to non-handicap/disabled state employees.

6. State handicap/disability designated parking assignments are valid only for the duration of the Secretary of State handicap/disability placard or license plate. Employees are required to notify the DMB parking office if the handicap/disability designated parking space is no longer needed.

7. All employees parking in assigned handicap/disability designated parking space shall display the handicap/disability placard or license plate and the DMB parking permit/decal.
PROCEDURES for REQUESTING a HANDICAP/DISABILITY PARKING SPACE

Employee Responsibility:

An employee shall submit a DMB form 499, “Request for Handicap/Disability Parking in a DMB Controlled Parking Facility,” to the manager of the DMB Parking Office along with the following two items:

1. A copy of the completed Secretary of State, BFS-108 form, “Disability Parking Placard Application” signed by the physician/healthcare provider of the employee.
2. A copy of the handicap/disability placard or vehicle registration.

Parking Office Responsibility:

Handicap/Disability Parking shall be assigned as follows:

1. The parking location requested must have handicap/disability-designated parking spaces for the employee’s work location.
2. If a handicap/disability-designated parking space is available in the location requested, and there are no names on the list for that location, the employee will be assigned the space.
3. If all handicap/disability-designated parking spaces are assigned, the employee’s name will be placed on the handicap/disability parking list for that location.
4. If information in the documents supplied for requesting a handicap/disability designated parking space need clarification, the DMB Parking Office manager may contact the employee or the Secretary of State.
### CAPITOL COMPLEX PARKING LOCATIONS AND THE BUILDINGS THEY SERVE:

<table>
<thead>
<tr>
<th>Paved Lots</th>
<th>Location Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa and Allegan</td>
<td>- Ottawa and Hannah buildings</td>
</tr>
<tr>
<td>Pine/Kalamazoo</td>
<td>- Capitol Commons Center and the Library/Museum</td>
</tr>
<tr>
<td>Cass North</td>
<td>- Cass building</td>
</tr>
<tr>
<td>Hall of Justice</td>
<td>- Hall of Justice building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ramps/Garages</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa</td>
<td>- Ottawa and Hannah buildings</td>
</tr>
<tr>
<td>Allegan</td>
<td>- Mason, Williams, Transportation and Treasury buildings</td>
</tr>
<tr>
<td>Hall of Justice W.</td>
<td>- Hall of Justice building</td>
</tr>
</tbody>
</table>
Appendix B

CRITERIA AS PRINTED IN THE “MICHIGAN VEHICLE CODE”: [MCLA257.19a]

This is the criterion used by the Secretary of State when a handicap/disability license plate or placard is issued.

- Blindness  (A sightless employee may qualify for a parking space and register the vehicle of their state employee driver or the Parking Office will establish a ‘pick up and drop off pass for their non-state employee driver to enter the ramp as necessary)

- Inability to ambulate more than 200 feet without stopping and resting.

- Inability to do **both** of the following:
  - a) Use one (1) or both legs or feet.
  - b) Ambulate without the use of wheelchair, walker, crutches or braces or without the assistance of another person.

- Lung disease which:
  - a) causes expiratory volume of less than one liter/second, or
  - b) is less than 60 mm/hg of room air at rest

- Cardiovascular disease:
  - a) measuring 3 or above on the New York Heart Association Classification* or
  - b) renders the person incapable of meeting a minimum standard for cardiovascular health that is established by the American Heart Association and approved by the Department of Community Health

- An arthritic, neurological or orthopedic condition that **severely limits** the person’s **ability to walk**.

* New York Heart Association Classifications:

  **Class III**: Patient has marked limitation of activity; they are comfortable only at rest

  **Class IV**: Patient should be at complete rest, confined to bed or chair, any physical activity brings on discomfort and symptoms occur at rest.

Last update July 10, 2005
Michigan Department of Management and Budget
Parking Office
Hannah Building, first floor
608 W. Allegan
Lansing, Michigan 48909

Request For Handicap Parking

Type or print a response to each of the items below. Return the completed form and attachments to the DMB Parking Office. The information you submit will be treated as confidential to the extent permitted by law. Please note that your request cannot be processed unless you attach a copy of your medical documentation of your disability.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee ID Number</th>
<th>Dept./Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Location &amp; Address</td>
<td>Desired Parking Location</td>
<td>Placard No. and/or License Plate No.</td>
</tr>
</tbody>
</table>

Telephone Numbers

<table>
<thead>
<tr>
<th>Work:</th>
<th>Home:</th>
</tr>
</thead>
</table>

Describe your medical condition and functional limitations of your disability for which you are requesting handicap parking. Use additional pages, if necessary. (Attach a copy of the BFS-108 and Secretary of State issued Placard)

Disclosure Statement
The medical information you provide and related documentation is necessary to clarify and expedite the handicap parking request and will be handled in a confidential manner. I have read and acknowledge that my medical information will be shared strictly for the purpose of my handicap parking request.

Employee's Signature

Date Submitted

INFORMATION BELOW TO BE FILLED OUT BY PARKING OFFICE

Approved by: ____________________________
Date: ____________________________

Returned for Clarification: _____ Yes _____ No
If yes, give a brief description of why returning for clarification.

Assigned Space No. ____________________________
Date: ____________________________

Placed on Waiting List: Yes ______ No ______
Date: ____________________________
ADA Links

1. **http://www.eeoc.gov/policy/docs/accommodation.html#requesting**
   Discusses Reasonable Accommodation, and Undue Hardship under the ADA. This enforcement guidance includes changes that were made due to the court case U.S. Airways, Inc. v. Barnett, and the new regulations under Section 501.

2. **http://www.jan.wvu.edu/media/fact.html**
   Has links for job accommodations for those with certain disabilities, such as Arthritis, Diabetes, hearing impairments, sleep disorders, etc. Also has management, and educational settings sections. The Job Accommodation Network sponsors this page.

3. **http://www.jan.wvu.edu/media/medical.htm**
   Medical Inquiry in Response To An Accommodation Request…tells how to determine whether an employee has a disability or not, if an accommodation is needed, and what accommodation options would be effective. Sponsored by the Job Accommodation Network.

4. **http://www.usdoj.gov/crt/ada/q&aeng02.htm**
   Answers questions pertaining to employment, state and local governments, public accommodations, and miscellaneous. Offers contact information for anyone who has questions. Sponsored by the U.S. Equal Employment Opportunity Commission.

5. **http://www.adabasics.org/**
   An introductory web course called “ADA Basic Building Blocks”. Covers the legal requirements of the ADA. Earn credit for Continuing Education Units (CEU), or Commission on Rehabilitation Counselor Certification (CRCC). The course and the CRCC is free, there is a $50 fee for the CEU.

6. **http://www.ada.ucsb.edu/**
   Explains the purpose of the ADA Handbook. Gives a link to access it on the web. Also gives a contact name and number in case of any questions you may have.

7. **http://www.usdoj.gov/crt/ada/adahom1.htm**
   Homepage for the ADA. Has a variety of links such as agencies with ADA responsibilities, general publications about the ADA, business and non-profit service providers, other resources, state and local governments, information and assistance hotlines, etc. Sponsored by the U.S. Department of Justice.

8. **http://www.eeoc.gov/types/ada.html**
   Gives a general overview of the ADA. Provides links for more information on: Titles I, and V of the ADA, the regulations, the Equal Employment Opportunity Commission and policy documents, and several miscellaneous links. Sponsored by the Equal Employment Opportunity Commission.

9. **http://www2.mrs.state.mi.us/cgi-bin2/mrsreg.taf**
   Registration page for an online learning center. Register for a course covering the ADA. This course is for Michigan Rehabilitation Services and affiliated staff only. Sponsored by Michigan Rehabilitation Services.

10. **http://www.usdoj.gov/crt/ada/janmar03.htm**
Enforcing the ADA has information about ADA litigation, formal settlement agreements, other settlements, mediation, certification, technical assistance, other sources of ADA information, and how to file complaints. This website is sponsored by The U.S. Department of Justice.

   Facts about the ADA. Covers medical examinations and inquiries, drug and alcohol abuse, and EEOC enforcement of the ADA. This page is sponsored by The U.S. Equal Employment Opportunity Commission.

   This is a home page for the Great Lakes ADA and Accessible IT Center. It has links for general information on the ADA, Education Based Information Technology, current news, partners, publications, programs and services, federal agencies & national resources, contact information, and several course/workshop registrations.

   The home site of the Job Accommodation Network (JAN). Explains what JAN is and has links for websites pertaining to accommodation information, disability information, disability legislation, cross-category topics, and employment.

   Discusses the court case Rourk V Oakwood Hospital Corporation. This is a court case that deals with the Handicappers’ Civil Rights Act. This page is sponsored by The Institute of Continuing Education.

   There’s a list of frequently asked questions about the ADA. It is broken down into sections by the different Titles of the ADA. The Council for Disability Rights sponsors this page.

   Discusses Telework/Work At Home programs. Addresses common questions about telework and the ADA. Sponsored by The Equal Employment Opportunity Commission.