

# **Tool Kit of Forms**

### Reasonable Accommodations issues related to

### Support Animals in the Workplace



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## SUPPORT ANIMAL – Accommodations considerations

Discuss with employee and obtain documentation as to the need for the animal in the workplace as a reasonable accommodation.	Employee input: Note from care provider obtained?
What essential functions or aspect of the job is the employee having difficulties with and how will the support animal enable the employee to successfully perform the essential functions?	
Is the animal trained to provide the support required? Discuss training that has been provided.	
Can the animal and employee comply with requirements for appropriate behavior by the animal in the workplace? That includes: Cleanliness / no odor Obeys commands Not disruptive Not aggressive Appropriate toileting Control of the animal by leash and/or crate	
Any potential barriers regarding other employees such as fear or allergies? Any accommodations that can alleviate?	
Any concerns regarding environments where animals may not be allowed or feasible such as healthcare, food service, public setting, etc.? Any accommodations that can alleviate?	
Logistics regarding where animal will be, how/where toileting breaks will be handled, any periods of time the employee will not be with the animal, etc.	
Other questions/concerns	

#### SAMPLE LANGUAGE TO DOCTOR/CARE PROVIDER re: Support Animal Requests

Dear Dr. (Name):

Document to be given to employee to give to their care provider

We are the employer for your patient, (EMPLOYEE NAME). The employee has requested the use of a support animal in the workplace and we are engaging with the employee in the interactive process to consider what accommodations may be necessary and/or feasible to support the employee in successfully performing their essential job functions.

As with all accommodation requests, the employer is entitled to documentation from the employee's care provider that confirms that the employee has a disability and explains the need for a given accommodation and how the accommodation is anticipated to support the employee.

Can you please provide the following information and return this form to the employee, who will relay the responses to us?

- Does the employee have a disability as defined under disability law? (Employee has some impairment that limits their ability to perform one or more major life activities)
  YES \_\_\_\_NO
- 2. Please provide a description of how the employee's limitations impair the ability to perform the duties of the job and indication of whether these limitations are temporary or permanent.

Explanation of impairment:

Permanent OR \_\_\_\_ Temporary, anticipated through \_\_\_/\_\_\_/

3. How do you anticipate the accommodation of a support animal would enable the employee to successfully perform the essential job functions?

\*Please return completed form to the employee for them to provide to the employer

Signature of care provider:	Date://
Name of care provider:	

Key points for communication to co-workers regarding service or support animal in the workplace

- Reference/acknowledge any policy on no animals in the workplace
- Note that exceptions can be granted for animals with a specific purpose (which requires employees to request this and to be approved in advance of bringing an animal to the workplace for any exceptions to the policy)
- Explain that it is not appropriate for individuals to inquire about why the individual has the animal with them this is personal, confidential information
- Clarify and require that Individuals are not to attempt to interact with the animal by calling, petting, offering food or any other means of interaction as this is a distraction to the animal and the employee with the animal
- If an individual is afraid of or allergic to the animal, they should keep a reasonable distance between themselves and the animal. If this does not alleviate the concerns, or there are other concerns, they should contact (NAME/ROLE/CONTACT INFORMATION) to discuss their concerns.