

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
NEW EMPLOYEE ORIENTATION
REASONABLE ACCOMMODATION (RA) NOTIFICATION FORM
PO-107 (REV. 05/18)

Reasonable Accommodation (RA) is any reasonable adjustment made to a job and/or the work environment to adapt to the known physical or mental limitations of a qualified employee with a disability, thus enabling the employee to perform the essential functions of the job. RA is also any reasonable adjustment made to the application process or test/interview setting to adapt to the known physical or mental limitations of a qualified applicant.

It is the policy of the California Department of Forestry and Fire Protection (CAL FIRE) to provide RA for any qualified applicant or employee with a known disability unless direct threat or undue hardship can be clearly demonstrated. CAL FIRE will not discriminate against any qualified person with a disability. RA decisions will be made based on the disabled person's capacity to perform the essential functions of a particular position. All applicants and employees with disabilities will be given consideration for any RA request. Evaluation of requests for RA shall be made on a case-by-case basis in the context of the needs of the individual making the request, as well as the characteristics of the position for which the accommodation is being requested.

Certification of disabling limitations may be requested as part of the interactive process. Diagnosis of specific condition(s) is not required.

Definitions:

Qualified Applicant or Employee with a Known Disability: Any individual with a physical or mental condition which limits (i.e., makes achievement difficult) one or more of that person's major life activities, who is qualified for the job, can perform the essential functions of the position with or without accommodation, and makes their disability known to the employer.

Essential Functions: The fundamental job duties of the employment position. A job function may be considered essential for any of several reasons, including, but not limited to one or more of the following:

- The position exists to perform the function(s).
- There are a limited number of employees available to perform the function(s).
- The function(s) may be highly specialized, so that the employee in the position is hired for his or her expertise or ability to perform the particular function(s).

RA is strictly confidential. All documentation and information concerning a request for RA shall be maintained by the RA Coordinator in a file separate and distinct from the Official Personnel File. The *Confidentiality of Medical Information Act* regulates the disclosure of medical information by employers, including personal health information. Furthermore, the *Information Practices Act of 1977* provides for disciplinary, civil, and criminal penalties for misuse of an employee's personal and medical information.

For more information regarding CAL FIRE's RA Policy:

1. Contact a CAL FIRE Occupational Health and Wellness Program RA Coordination Team Member at (916) 445-8179, (916) 445-8173, or (916) 445-8175.
2. Refer to CAL FIRE's RA Policy Handbook at [Section 1970: CAL FIRE RA Policy](#)

For a copy of the CAL FIRE RA Request Form:

1. Request from any CAL FIRE supervisor or manager
2. Contact a CAL FIRE Occupational Health and Wellness Program RA Coordination Team Member at (916) 445-8179, (916) 445-8173, or (916) 445-8175.
3. Print from the CAL FIRE Intranet [CAL FIRE PO-108](#)

For information regarding RA for CAL FIRE examinations:

1. Contact the Examinations Unit at (916) 445-7801
2. Contact a CAL FIRE Occupational Health and Wellness Program RA Coordination Team Member at (916) 445-8179, (916) 445-8173, or (916) 445-8175.

I hereby acknowledge receipt of the CAL FIRE New Employee Orientation Reasonable Accommodation (RA) Form PO-107. I understand I have the right to request RA at any point in my career with CAL FIRE. I recognize I may request RA from any CAL FIRE supervisor or manager or directly from the RA Coordinator in the Occupational Health and Wellness Program.

Employee Signature

Date

Personnel Specialist's Initials: _____

Date