

FDA STAFF MANUAL GUIDES, VOLUME III - GENERAL ADMINISTRATION

PERSONNEL

GENERAL PERSONNEL PROVISIONS

HAZARDOUS WEATHER POLICY FOR EMPLOYEES WITH DISABILITIES

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1. PURPOSE

This Guide provides FDA policy and procedures for the accommodation of employees with disabilities during hazardous weather conditions.

2. REFERENCE

SMG-FDA h:3111.1, Leave for Hazardous Weather and Other Emergency Situations.

3. EXCEPTION

This policy does not apply to Office of Regulatory Affairs Field employees for whom a separate HHS Regional Director's policy applies regarding special treatment of employees with disabilities during hazardous weather conditions.

4. DEFINITIONS

- A. "Disabling condition" means either blindness or a physical impairment that limits mobility.
- B. "Employee with a disability" means an employee who has a temporary or permanent disabling condition that, during periods of extreme weather, could interfere with safe travel to or from work, and/or access to or departure from the workplace, and who has an approved Request for Accommodation During Hazardous Weather on file with his/her supervisor.

C. "Barrier" means an environmental impediment to mobility caused by extreme weather such as accumulation or persistence of ice or snow, extremely heavy rain, flooding or strong winds.

5. POLICY

When extreme weather conditions make it difficult for an employee with a disability to get to or from work, the employee will be reasonably accommodated by application of a liberal policy on excused absence with pay. The nature of accommodation will be stipulated in an approved Request for Accommodation During Hazardous Weather (see attachment A). Each request will vary in accordance with individual circumstances.

6. PROCEDURES

A permanently or temporarily disabled employee who believes that certain extreme weather conditions will present a barrier to safe travel to and from work must submit to his/her supervisor for approval in advance a Request for Accommodation During Hazardous Weather. In completing the request, the employee shall describe the disabling condition and explain the circumstances under which extreme weather conditions may be expected to interfere with safe travel to and from work. Except in cases of blindness, confinement to a wheelchair, or on-going dependence on an assistive or supportive device such as crutches or leg braces, the employee shall support the request with medical documentation to verify the nature of the medical condition and degree of impairment. The medical information will be submitted in a sealed envelope marked "Medical-Confidential," and forwarded to the Selective Placement Coordinator for the Disabled in the Division of Human Resources Management (DHRM).

Prior to acting on the request, the supervisor will consider and, as necessary, discuss with the employee alternatives which would accommodate the employee, for example, other travel arrangements or a parking space close to a building. The supervisor will then forward his/her recommendation for approval or disapproval. However, before recommending disapproval of the request, the supervisor must consult the FDA Handicapped and Disabled Veterans Program Manager and must include a brief summary of such discussion in his/her assessment. The request will be forwarded along with comments to the Executive Officer or equivalent position, through the second-level supervisor. Prior to making a final decision, the Executive Officer may at his/her discretion, request an opinion from the Agency medical consultant by contacting the Selective Placement Coordinator for the Disabled, DHRM.

Medical review will be conducted by or under the supervision of a physician to determine whether or not the medical information provides a basis upon which to recommend approval with consideration of the following:

1. The history of the medical condition with reference to conditions of onset, progression, treatment, and responses to treatment.
2. Current clinical findings related to the condition.
3. Stability of the condition.
4. Diagnosis.
5. The nature and degree of impairment of mobility.
6. The anticipated degree of incapacitation or risk of injury under the extreme weather conditions identified by the employee.

In making a final decision, the Approving Official will take into account the employee's statement, the supervisor's assessment, and, if applicable, the medical recommendation. The employee will be provided written notification of the final decision, a copy of which will be sent to the Selective Placement Coordinator for the Disabled, DHRM.

Should a hazardous weather situation affecting safe travel to and from work occur before final approval of a submitted Request for Accommodation, the employee's leave record will be corrected retroactively upon final approval of the request to indicate excused absence with pay if the absence meets the approval condition of the Request for Accommodation.

Memorandum

Date:

From: (Employee with Disability)

Subject: Request for Accommodation During Extreme Weather

To: (Executive Officer or equivalent position)

Through: (Second-level Supervisor)

Through: (Immediate Supervisor)

_____ I request accommodation during hazardous weather conditions because of a (temporary or permanent) handicapping condition. *(Describe the handicapping condition and explain the circumstances under which hazardous weather conditions would interfere with safe travel to and from work.)*

_____ The medical documentation needed to support my request is contained in the attached sealed envelope. *(Medical documentation is not required in cases of blindness, confinements to a wheelchair, or on-going dependence on an assistive or supportive device such as crutches or leg braces.)*

_____ I understand that coming to work is my responsibility, and I will attempt to make alternative arrangements for travel during extreme weather. I also understand that in each instance, I must request leave or excused absence, as appropriate, from my supervisor and explain the reason when, during extreme weather conditions, I am unable to come to work or wish to leave early.

Supervisor:

Comments:

Recommendation: _____ Approve _____ Disapprove

Signature

Date

Memorandum

Second Level Supervisor

Comments:

Recommendation: _____Approve _____Disapprove

Signature

Date

Executive Officer:

Comments:

Recommendation: _____Approve _____Disapprove

Signature

Date