## Americans with Disabilities Act (ADA) Policy

## **Purpose**

In compliance with the Americans with Disabilities Act (ADA) of 1990, the Morgan County Library (MCL) will ensure that qualified individuals with disabilities are given equal opportunities and access with respect to employment and public accommodation as required and allowed by law. This policy applies to individuals seeking employment or services, current employees, patrons in the MCL service area, or anyone doing business with MCL.

## Reasonable Accommodation

The library will make reasonable accommodation for the known disabilities of any applicant, employee, or patron unless the accommodation poses an undue burden. After a qualified individual requests a reasonable accommodation, the library will make every appropriate effort to determine and provide a reasonable accommodation.

Patrons desiring an accommodation should request a Reasonable Accommodation Request Form. Forms must be completed and submitted no later than 15 days before the program.

Employees or applicants with disabilities who believe they require a reasonable accommodation to apply for a position or to perform the essential function of their job should contact the Director.

Approved by Library Board of Trustees on May 10, 2018



## **Reasonable Accommodation Request Form**

The Morgan County Library seeks to provide reasonable accommodations for physical access, communications, or other needs to ensure services, activities and programs are available to individuals with disabilities. Please complete the following form regarding your reasonable accommodation request and submit it no later than 15 days before the program.

| Name:   | Date:   |   |
|---|---|---|
| Address:  |   |   |
| City:   | State:  | Zip Code:                               |
| Phone (day):  | (evening):  |   |
| Cell:   | e-mail  |   |
| What service program or   | activity does this request concern?_                  |   |
| What is the disability that   | makes an accommodation(s) neces                       | ssary? (specify):                       |
| What accommodation(s)   | are you requesting? (specify):                        |   |
| Assistive equipment (plea   | se describe equipment you are requ                    | uesting be provided):                   |
| Please provide any addition   | onal information that might be help                   | ful in processing your accommodation(s) |
| request:  |   |   |
| Please submit your compl<br>Library Director, Morgan<br>600 N. Hunter | eted form no later than 15 days bef<br>County Library | fore the program to:                    |

The Americans with Disabilities Act ("ADA") does not require The Morgan County Library to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.