Clarion University is committed to the policy of ensuring that all students, faculty, and staff are afforded the optimum opportunity to fully participate in their academic or work environment. In order to promote this policy, it is necessary, on some occasions, for the University to provide reasonable accommodations to the known physical, mental or learning disability/limitation of an otherwise qualified applicant, student, and employee or to a member of the public seeking to utilize the services provided by the university. Accordingly, this procedural guideline is intended to set forth an internal protocol for adherence when accommodations are requested.

**Purpose:**
The purpose of this procedural protocol is to ensure that the university policies and practices are in compliance with the following Federal and state laws and regulations:

1. Section 504 of the Rehabilitation Act of 1973, 29 U.S. C., Section 794 prohibits discrimination on the basis of handicap. The Act promulgates that "No otherwise qualified individual with handicaps in the United States....shall, solely by reason of their handicap, be excluded from participating in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

2. The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of disability and prohibits covered entities from excluding people from jobs, benefits, services, or activities based on disability. ADA applies to all employment practices and all academic and non-academic programs.

3. The Pennsylvania Human Relations Act prohibits discrimination against individuals with disabilities.
Procedure:

1. Student Initiated Requests:

A student with a documented disability seeking accommodations shall first make contact with the Office of Disability Support Services (DSS) located in 325 Becht Hall to submit appropriate disability related documentation. Following the appropriate consultation with the student request(s) and review of the related documentation, the Disability Support Services Coordinator should identify the reasonable accommodations(s) that the university is expected to provide. If the requested accommodation(s) can be met by the DSS office without incurring additional cost to the university, the accommodations should be provided as legally required.

On those occasions when the costs associated with the requested accommodation(s) exceed the budget of DSS, the coordinator shall submit a Request Accommodation Form (attached as Appendix 1) to the Office of Social Equity. An information copy of the form should also be provided to the Office of the Associate Provost for Administration/Administrator of the related 504 funds, the Dean of the college and/or the appropriate Vice President. Following approval by the Office of Social Equity, the administrator of the 504 funds should release the funding to DSS. If there is an occasion when the request does not meet with the approval of the Office of Social Equity, the DSS coordinator, the compliance specialist, the Dean, and/or Vice President should conference to resolve the issue. Following approval of requested accommodations, a copy of the approved Request Accommodation Form should be submitted to the administrator of the 504 funds for the allocation of the appropriate funds.

2. Employee Initiated Requests:

Any faculty or staff member seeking accommodations shall first go to their immediate supervisor. Following the appropriate consultation with the faculty or staff member, the supervisor should consult with the associate vice president for finance & administration. If the supervisor and the Office of Human Resources (HR) can meet the requested accommodation(s) without incurring additional cost to the university or requiring a review of medical documentation, the requested accommodation(s) should be provided by the supervisor and Office of Human Resources as legally required. The associate vice President for finance & administration should advise the Office of Social Equity of the action taken on the request. On those occasions when either the costs of the requested accommodation(s) exceed the budget of HR and the budget of the supervisor or a review of medical documentation is warranted, the supervisor should submit a Request for Disability Accommodation Form (attached as Appendix 2) to the Office of Social Equity. An informational copy of the form should also be provided to the associate vice president for finance & administration. The compliance specialist and the associate vice president for finance & administration shall consult with one another for the purpose of reviewing the appropriate medical documentation and approve the requested recommendation as warranted. Following approval of requested accommodations, a copy of the approved Request Accommodation Form should be submitted to the administrator of the 504 funds for the allocation of appropriate funding.
3. Appeal Process:

If an otherwise qualified student or employee feels that he or she has unreasonably been denied disability-related accommodations, the student or employee may initiate the university's complaint procedures as set forth in the University’s Non-Discrimination Policy and Procedures which can be accessed online at [http://www.clarion.edu/nondiscriminationpolicy](http://www.clarion.edu/nondiscriminationpolicy) or obtained in the Office of Social Equity, 210 Carrier Administration.
Appendix 1

Clarion University Student Request for Accommodations
(Additional Cost Request)

Name_________________________________________ Date__________________

Semester_____________________________ Graduation Date_____________________________

Degree_____________________________________________________________________

Requested Accommodation(s) and Cost___________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Alternate Accommodation(s) and Cost____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Requested Amt.___________ Amt. Approved_______________ Not Approved___________
_____________________________________________________________________________
_____________________________________________________________________________

Disability Services Coordinator Date

Office of Social Equity Date

College Dean Date
Appendix 2

Clarion University Employee Request for Accommodations
(Additional Cost Request)

Name_______________________________________________Date__________________
Department____________________________________________

Requested Accommodation(s) and Cost___________________________________________
___________________________________________________________________________
___________________________________________________________________________

Alternate Accommodation(s) and Cost____________________________________________
___________________________________________________________________________
___________________________________________________________________________

Requested Amt.___________ Amt. Approved_______________ Not Approved___________

____________________________________________________________________________

Supervisor Date

Office of Social Equity Date

Associate Vice President for Finance and Administration Date

Vice President for Finance and Administration Date