Reasonable Accommodations Committee (RAC) Procedures for Job Applicant

The Americans with Disabilities Act of 1990 (ADA) as amended by the ADA Amendments Act of 2008, hereafter (ADAAA), requires employers to provide reasonable accommodation to qualified job applicants with physical or mental disabilities; unless such accommodation would pose an undue hardship (e.g. it is too costly, too extensive, too substantial, or too disruptive). In general, the applicant with a disability is responsible for letting Metra know that an accommodation is needed in order for him/her to participate in the application process, to perform essential job functions.

Any applicant may request an accommodation to participate in any aspect of the hiring process (including but not limited to the application process, interviewing, testing, etc.). The applicant begins the interactive process by requesting an accommodation from the Human Resources Recruiter or by directly contacting the Reasonable Accommodations Committee ("RAC"). All requests, whatever their origin, will be processed and handled by RAC. RAC is composed of the Chief Human Resources Officer; RAC Chairperson; and Metra's Chief Medical Officer (CMO). RAC is advised by Metra's Associate General Counsel.

I. Declaration

To initiate the process, the applicant can make a declaration of disability on a Reasonable Accommodation Disability Declaration Form provided by the EEO Department, for that purpose. Once the applicant has declared himself/herself disabled and completed the Disability Declaration Form, the request is referred to RAC. The applicant must also agree in writing to authorize RAC to receive/review medical information specifically related to the medical condition for which s/he is requesting consideration.

II. Confirmation

The applicant completes the Reasonable Accommodation Disability Declaration Form and returns it, along with supporting documentation from his/her personal physician, to the EEO Department, The CMO then takes the necessary steps to determine if the applicant's declared condition constitutes an impairment that may substantially limits a major life activity as defined by the ADAAA and/or state law. Based upon the facts developed in the CMO's investigation, RAC determines whether the applicant's physical or mental impairment may constitute a disability for purposes of the ADAAA and/or state law. Pursuant to the ADAAA, RAC may take into account ordinary eyeglasses and contact lenses when assessing disability status relative to vision. If these criteria are met, RAC discusses the appropriateness of the accommodation that the applicant requested.

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III. Accommodations Review Process

The interactive process continues when:

- 1. RAC convenes to determine whether an accommodation might be necessary and/or feasible (reasonable) in accordance with the guidelines of the ADAAA and/or state law.
- 2. RAC may also consult with other appropriate departments (e.g., Engineering, Administrative Services, or Safety) when physical accommodations are requested. External experts may also be consulted when necessary.
- 3. If RAC determines that an accommodation may be needed, RAC continues the interactive process by working with the applicant to identify a reasonable accommodation. RAC then makes a preliminary recommendation regarding an accommodation.
- 4. The Chairperson advises the CEO/ED of the recommended accommodation and secures his/her approval (when needed).
- 5. The Chairperson discusses the recommended accommodation with the Human Resources representative (or if necessary the prospective applicant's manager).
- 6. The Chairperson advises the applicant of the recommended accommodation prior to implementation.
- 7. The Chairperson follows up after implementation to ensure that the accommodation effectively addresses the applicant's needs. The EEO Department maintains documentation of all accommodations. These documents are confidential and not made part of the recruitment file; where appropriate, however, certain documents may be made part of a selected candidate's medical file. (Once he/she becomes an employee.)



EEO Department 547 W. Jackson Blvd., 2-East Chicago, IL 60661
 Phone:
 (312) 322-8919

 Fax:
 (312) 322-4273

 Email:
 metrarac@metrarr.com

Reasonable Accommodation Disability Declaration Form for Job Applicant

The following information is necessary to process your reasonable accommodation request. If you require any assistance in completing this form, please contact the EEO Department at (312) 322-8934.

Section I - Job Applicant Information (Please Print)

Last Name:	First Name:		
Mailing Address:			
City:		State:	Zip Code:
	1		
Telephone:	E-mail Address:		
Name and Telephone # of Designated Representative (if applicable):			

Section II

Provide position you are applying for and brief description of job duties (attach job description if available):

Do you need any accommodations to complete the job application or interview process? \Box Yes \Box No

Type of Disability:



What major life activity is affected? (Examples include: performing manual tasks, seeing, hearing, lifting and bending)

If a reasonable accommodation is necessary, what adjustments do you suggest?

(Job Applicant Signature)

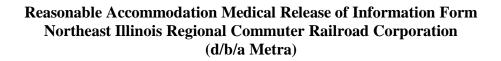
(Date)

Upon completion of this form please submit to:

Metra/Reasonable Accommodations Committee (RAC) EEO Department 547 West Jackson Blvd., 2-East Chicago, Illinois 60661 Fax: (312) 322-4273

Note: You should attach a medical release of information form to help establish that you are a person with a disability and to document the need for a reasonable accommodation.

For additional information, you may contact Metra's RAC at (312) 322-8919 or via email at <u>metrarac@metrar.com</u>.



I authorize any doctor, hospital, employer, and/or any other person, to whom this signed authorization is delivered, to furnish any information (reports, medical reports, x-rays, copies of medical records, etc.*) which may be requested by Metra's Reasonable Accommodations Committee (RAC) of the Northeast Illinois Regional Commuter Railroad Corporation relative to my medical condition of ______.

A photocopy of this authorization will act as the original.

DATE

et

PRINT NAME

SIGNATURE

*"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

Upon completion of this form please submit to:

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