

# Department of Human Resources

Mayor's Disability Council

October 20, 2023





# Disability Data Collection

- Voluntary Self-Identification of Disability questionnaire launched in late September
- Builds the foundation for a more inclusive CCSF data set
- Disability data inclusion aligns with City goals for improving DEI initiatives



# Disability Data Collection

- Voluntary Self-Identification of Disability Questionnaire located in the [SF Employee Portal](#) under My Links:

The screenshot shows the 'MY LINKS' section of the SF Employee Portal. The page is divided into two main tabs: 'WORK LINKS' and 'EMPLOYEE LINKS'. Under 'EMPLOYEE LINKS', there are several categories of links:

- HR INFORMATION**
  - How to Submit Vaccine Status
  - Update/View Vaccine Status
  - Report COVID Test Results
  - Update Your Demographic Info
  - Disability Self Identification** (highlighted with a red box)
- TIME REPORTING & ABSENCE**
  - Time Reporting
  - Leave/Comptime Balances
  - Time Approval Status
  - Time Reporting Preferences
- CASH ADVANCES**
  - Create/Manage Cash Advance
  - Delete Cash Advance Request
- PAYROLL & COMPENSATION**
  - View Paycheck
  - Compensation History
  - W-4 Tax Information
  - View or Print W-2/W-2c Forms
  - W-2/W-2c Consent
  - W-2 Reissue Request
- eBENEFITS**
  - New Hire / Retiree Enrollment
  - Open Enrollment
  - Submit a Qualifying Life Event
  - Continue your Enrollment
- EXPENSE REQUESTS**
  - Request Expense Report
  - Manage Expense Reports
  - Expense Report History
  - Manage Expense Delegations
- EXPENSE AUTHORIZATIONS**
  - How to Request an Expense Auth
  - Request Expense Authorization
  - View Expense Authorization
  - Delete Expense Authorization

The top navigation bar includes 'MY LINKS', 'ALERTS' (with a notification count of 1), and 'MY TO-DOS' (with a notification count of 0).



# Disability Data Collection

- Voluntary Self-Identification of Disability Questionnaire:

**Providing this information is voluntary.**

Disability, like race, gender identity, and sexual orientation is a critical part of our identity and culture. The City and County of San Francisco is implementing methods to collect more inclusive data. As part of this effort, we are collecting disability data to better understand the demographics of the workforce.

**How do you know if you have a disability?**

In California disabilities are broadly defined as conditions that limit a major life activity, including physical and mental disabilities, as well as medical conditions such as cancer or HIV/AIDS. As defined in California Code of Regulations, Title 2, Section 11065(d), an individual with a disability may:

- have a physical or mental impairment that limits a major life activity; or
- have a record of, or are regarded as having, such an impairment that may have no present disabling effect, but that may become a disability; or
- have an impairment that requires special education or related services.

**Note:** Major life activities include seeing, hearing, breathing, walking, speaking, learning, working, caring for oneself, performing manual tasks, lifting, and other physical, mental and social activities, etc. See [California Code of Regulations, Title 2, Section 11065\(d\)](#) for the full range of physical and mental conditions that may qualify as a disability under California law.

Please select one response below and press 'Submit' to record your answer: Do you identify as a person with a disability or as a member of the disability community?

- Yes, I identify as a person with a disability or as a member of the disability community.
- No, I do not identify as a person with a disability or as a member of the disability community.
- I do not wish to answer.

Your Name

Today's Date



# Disability Data Collection

- Voluntary Self-Identification of Disability Questionnaire (Continued):

Please select one response below and press 'Submit' to record your answer: Do you identify as a person with a disability or as a member of the disability community?

Yes, I identify as a person with a disability or as a member of the disability community.

No, I do not identify as a person with a disability or as a member of the disability community.

I do not wish to answer.

Your Name  Today's Date

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**Additional Information**

For more information about employment rights for person with disabilities please visit [www.sfdhr.org](http://www.sfdhr.org).



# Reasonable Accommodations Applicants & Employees

- The Equal Employment Opportunity Division at DHR assists City departments with providing reasonable accommodations for applicants and employees with disabilities in accordance with the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA).
- Applicants and employees can request Reasonable Accommodations orally or in writing (optional).



# Reasonable Accommodation- Applicants

- Applicants can submit a Request for Reasonable Accommodation form to a designated exam analyst or other human resources representative.
- Applicant Request for Reasonable Accommodation form: [Reasonable Accommodations | Department of Human Resources \(sfdhr.org\)](https://www.sfdhr.org/Reasonable-Accommodations)



# Reasonable Accommodation Form- Applicants

City and County of San Francisco  
London Breed  
Mayor



Department of Human Resources  
Carol Isen  
Human Resources Director

## REQUEST FOR REASONABLE ACCOMMODATION FORM

Exams at the City and County of San Francisco may require you to do one or more of the following:

- ✓ Sit at desks, in chairs, etc. for long periods of time
- ✓ Speak in front of a panel of raters (e.g., oral examination)
- ✓ Perform physical activities (e.g., physical ability tests)
- ✓ Read exam material & fill in circles on a bubble sheet (e.g., multiple-choice examination)
- ✓ Write answers in narrative form using a pen or pencil (e.g., essay examination)
- ✓ Listen to instructions about test content or administration
- ✓ Watch a video relating to test content or administration
- ✓ Read and answer exam questions on a computer

**This SECTION is to be COMPLETED by the APPLICANT**

If you are disabled (have a physical/mental impairment that limits a major life activity) as defined by the California Fair Employment and Housing Act and/or Americans with Disabilities Act and wish to request a reasonable accommodation for a particular exam due to your disability, please complete the following:

Applicant Name (PRINT):

Applicant Signature:

Date:

Recruitment ID #:

Title of Examination:

The following are types of test accommodations(s) that may be possible. Please check below the ones you are requesting:

### Visual/Learning

- Marker (someone to mark answers)
- Reader
- Separate Room
- Extra Time

### Hearing

- Interpreter
- Separate Room

### Mobility

- Testing room as close as possible to entrance or restroom
- Personal attendant (to be provided by candidate)
- Accessible test area for persons who use a wheelchair
- Special seating
- Marker (someone to mark answers)

Please describe any other accommodations you would like to request:

After the front and back sections of this form are completed (the back section does not need to be completed if your disability is obvious), you should return the form to the analyst who scheduled your exam (i.e., look for the analyst name in the email you received about the exam).





# Reasonable Accommodation Form- Applicants

City and County of San Francisco  
London Breed  
Mayor



Department of Human Resources  
Carol Isen  
Human Resources Director

## REQUEST FOR REASONABLE ACCOMMODATION FORM

[Note: If your disability is obvious, it is **NOT** necessary for you to have this side of this form completed.]

This SECTION is to be COMPLETED by a MEDICAL DOCTOR, SCHOOL PSYCHOLOGIST, LEARNING CONSULTANT, etc. as appropriate.

Exams with the City and County of San Francisco are administered on the basis of fairness, merit and equal opportunity. They are often highly competitive and candidates are ranked on score reports based on their test score. The applicant who has signed the other side of this form is taking an exam and is requesting a reasonable accommodation during the exam. Whenever possible, reasonable testing accommodations that can be supported are provided to applicants with disabilities.

Please review the applicant's medical or educational history (as appropriate). If you support the applicant's request for the reasonable accommodation(s), please complete the information below and return the form to the applicant.

Print Candidate Name: \_\_\_\_\_

I certify that the above-named individual is disabled as defined by the California Fair Employment and Housing Act and/or Americans with Disabilities Act. Consequently, I recommend that the following Special Accommodation(s) be provided to this individual during the exam:

Print (as appropriate) the name of the medical doctor, school psychologist, or learning consultant.

Signature (as appropriate) of the name of the medical doctor, school psychologist, or learning consultant.

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
Certificate or License No. and State - (if applicable)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date Signed)



# Reasonable Accommodation- Employees

- Employees can submit a Request for Reasonable Accommodation form to a designated human resources representative, manager or supervisor.
- Employee Request for Reasonable Accommodation form: [Employee-Request-for-Reasonable-Accommodation.pdf \(sfdhr.org\)](https://www.sfdhr.org/Employee-Request-for-Reasonable-Accommodation.pdf)



# Reasonable Accommodation Form- Employees

City and County of San Francisco  
Carol Isen  
Human Resources Director



Department of Human Resources  
Connecting People with Purpose  
www.sfdhr.org

## Employee Request for Reasonable Accommodation

Name: \_\_\_\_\_ DSW#: \_\_\_\_\_ Class/Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact No.: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Dept.: \_\_\_\_\_

It is the policy of the City and County of San Francisco to provide reasonable accommodations to qualified individuals with disabilities in accordance with the federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA). You may be required to provide documentation in support of your request for reasonable accommodation. Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

### I. Reasonable Accommodation Request:

- Purchase of assistive device(s)     Removal of communications barrier     Job Restructuring
- Purchase of assistive services     Removal of architectural barrier     Modified Reassignment
- Other (specify): \_\_\_\_\_

Please describe the accommodation: (use extra sheets if need) \_\_\_\_\_  
\_\_\_\_\_

### II. Essential Duties of Your Position:

Please identify the essential duties (do not include marginal duties) of your position for which you are requesting an accommodation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### III. Health Care Provider:

Please provide us with the name of your health care provider(s) who can assist with this request: (use extra sheets if needed)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Specialty: \_\_\_\_\_

One South Van Ness Avenue, 4<sup>th</sup> Floor • San Francisco, CA 94103-5413 • (415) 557-4800



# Reasonable Accommodation Form- Employees

Employee Request for Reasonable Accommodations

Health Care Provider (Additional):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_

**IV. Major Life Activities:**

Please check the major life activity/activities you believe to be limited by your medical condition(s):

- Walking    Breathing    Seeing    Caring for Oneself    Working  
 Talking    Hearing    Learning    Performing Manual Tasks    Other: \_\_\_\_\_

Please describe how the above activity/activities is/are limited: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

a. Is your medical condition temporary?  Yes  No

If yes, please state the expected duration: \_\_\_\_\_

b. Are you currently working?  Yes  No

If no, please specify the type of leave currently approved and the duration (dates):

\_\_\_\_\_  
\_\_\_\_\_

c. Have you previously applied for a reasonable accommodation within the City?  Yes  No

If yes, please explain the status/circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I believe I am a qualified individual with a disability as defined by the law. I have received and reviewed the information brochure and require an accommodation to perform the essential functions of my position. I understand that a detailed review of my disability status may be required, and I agree to cooperate fully in this process. I further understand that if my request is granted, I am obligated to report any changes in my disability status which may require a re-evaluation of this request. Granting of this request does not signify approval of any future reasonable accommodation request for any other position within this department or any other department within the City and County of San Francisco.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# Reasonable Accommodations Applicants & Employees

Accommodations may include:

- Modified exam schedules
- Accessible locations
- Readers or Sign Language Interpreters
- Assistive Technology
- Ergonomic equipment and furniture
- Job restructuring
- Reassignment

Each request is evaluated individually for eligibility, need, and reasonableness



Questions?