San Francisco Department of Public Health

**Policy & Procedure Detail***

<table>
<thead>
<tr>
<th>Policy &amp; Procedure Title:</th>
<th>Speech Recognition Software for DPH Employees (COR3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category:</td>
<td>City-owned Resources</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>2/13/13</td>
</tr>
<tr>
<td>Last Reissue/Revision Date:</td>
<td></td>
</tr>
<tr>
<td>DPH Unit of Origin:</td>
<td>Equal Employment Opportunity (EEO) Office</td>
</tr>
<tr>
<td>Policy Contact - Employee Name and Title; and/or DPH Division:</td>
<td>Jason Hashimoto, Director, EEO/Cultural Competency Programs and Dave Counter, Chief Information Officer, DPH Information Technology Division</td>
</tr>
<tr>
<td>Contact Phone Number(s):</td>
<td>554.2593 (J.H.) and 255.3600 (D.C.)</td>
</tr>
<tr>
<td>Distribution:</td>
<td>DPH-wide</td>
</tr>
</tbody>
</table>

*All sections in table required.*

1. **Purpose of Policy**

To provide information regarding the purchase, installation, and use of speech recognition software for DPH employees.

2. **Policy**

Speech (or voice) recognition software for personal computers shall be provided to DPH employees who require the software as a reasonable accommodation for a disability.

3. **Definitions**

**Speech recognition:** Speech recognition is the translation of spoken word into text. Speech Recognition software programs allow users to write text, navigate the web, send email, and use computer applications by using their voice and a microphone attached to their computer rather than a mouse or keyboard. These programs are often helpful to people who do not have use of their hands and therefore have difficulty using a keyboard and mouse.

**Voice-activated programs:** A voice activated, or command, device or program is controlled by means of the human voice, decreasing the need to use buttons, dials, and switches.
4. Procedures

An employee requesting speech recognition software shall apply for a reasonable accommodation by contacting the Department of Public Health Human Resources’ Office of Equal Employment Opportunity (EEO) at 554.2594.

The EEO Office will evaluate each request for accommodation in conformance with the federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA).

DPH’s Information Services staff will provide assistance to the EEO Office as needed to evaluate the technical aspects of providing speech recognition software. The software will be purchased and installed in a timely manner.

Employees using speech recognition software will receive training on the software via tutorials provided with the software, if applicable, or other training as specified by the EEO Office. DPH Information Services does not offer training or support for these programs.

5. References/Attachments

Request for Reasonable Accommodation (ADA Packet): An employee who needs speech or voice recognition software must complete this form and fax to DPH’s Equal Employment Opportunity (EEO) office at this number: 554.2595.
REQUEST FOR REASONABLE ACCOMMODATION

Last Name: ___________________ First Name: ___________________ Social Security Number: ___________________

Address: ___________________ City: __________ Zip: __________ Work Phone: __________ Home Phone: __________

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 Americans with Disabilities Act and the Fair Employment and Housing Act. You may be required to provide documentation in support of your request.

1. Current Position:
   Class: ___________________ Title: ___________________
   Dept.: ___________________ Section: ___________________

2. Reasonable Accommodation Request:
   What type of accommodation do you need?
   □ Modified work schedule  □ Removal of communications barrier
   □ Change in procedure  □ Purchase of assistive services
   □ Purchase assistive device  □ Removal of architectural barrier
   □ Job Restructuring  □ Reassignment
   □ Other:

   Please describe the accommodation:

   Please explain how you believe this accommodation will enable you to perform the essential functions of your position:

3. Essential Job Duties of Your Position:

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

   1. _____________________________________________
   2. _____________________________________________
   3. _____________________________________________

4. Health Care Provider:

   Please provide us with the name of your health care provider(s) who can assist in this request. If you have additional providers who also have information on this matter, please list that information on the back of this sheet:

   Name: ______________________________
   Address: ___________________________
   Phone: __________ Specialty: __________
Name: __________________________
Address: ________________________
Phone: __________________________
Specialty: _______________________

5. **Major Life Activities:**

Please check those major life 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 activities are limited:

---

6. Is your medical condition temporary?  [ ] Yes  [ ] No

If yes, please state the expected duration: ____________________________

7. Are you currently working?  [ ] Yes  [ ] No

If no, please specify the type of leave currently approved: ____________________________

If no, when do you expect to return to work? ____________________________

8. Have you applied previously for a reasonable accommodation within the City?

- [ ] Yes  [ ] No  If yes, please explain the status/circumstances:

---

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 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 in order to perform the essential functions of my position. I understand that a detailed review of my disability status will 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.

Signature __________________________ Date __________________________
MEDICAL AUTHORIZATION AND RELEASE

TO WHOM IT MAY CONCERN:

Pursuant to my request for reasonable accommodation under the Americans with Disabilities Act and the Fair Employment and Housing Act, my employer is authorized to determine whether I have a physical or mental impairment which limits a major life activity, to determine what restrictions I have that impact the duties of my position and to evaluate the effectiveness of possible reasonable accommodations.

I hereby authorize and direct you, your operation, its Custodian of Records and/or person in your employ to release medical information relating to my request for reasonable accommodation to my employer, in the format of the Health Care Provider Certification Form provided by my employer (pursuant to the Medical Confidentiality Act, Civil Code Section 56, et seq). This medical information may be released to any authorized representative of the City and County of San Francisco bearing this release or a photocopy thereof, in order to evaluate my request for reasonable accommodation.

I do hereby request that the Health Care Provider Certification Form be completed as fully and completely as possible.

I do hereby release and hold harmless you, your organization or company, your officers, agents, employees, or independent contractors from any liability or damages, and I do hereby waive all claims or causes of action against you, your organization or company, your officers, agents, employees or independent contractors, which may result from furnishing the requested information.

This authorization to release my medical records will expire ninety (90) days after the date signed. I have been advised that I have the right to receive a copy of this authorization.

Name (print): ___________________________ DOB: ______ SSN: ___________________________

Address: ______________________________________ Phone (w): ______________________
                                                  ______________________________________ Phone (h): ______________________

Class/Title: ___________________________ Department: ___________________________

Signature ___________________________ Date: ___________________________

DHR 7-32 (12/08)
EMPLOYMENT RIGHTS FOR PERSONS WITH DISABILITIES
IN THE CITY AND COUNTY OF SAN FRANCISCO

POLICY

The Americans with Disabilities Act (ADA) and California's Fair Employment and Housing Act (FEHA) prohibit employment discrimination against qualified applicants and employees on the basis of disability. In accordance with the law, it is the policy of the City and County of San Francisco to provide equal employment opportunities to qualified individuals with disabilities.

WHO IS PROTECTED?

The law covers qualified applicants and employees with disabilities. A qualified individual with a disability is defined as an individual with a disability who meets the skill, experience, education and other job-related requirements of a position held or sought, and who, with or without reasonable accommodation, can perform the essential functions of the job.

A person with a disability is an individual who:

• has a physical or mental impairment that limits a major life activity; or
• has a record of such an impairment which is known to the employer; or
• is regarded by the employer as having, or having had, such an impairment; or
• is regarded by the employer as having, or having had, a disorder or condition that has no present disabled effect, but that may become a disability.

Impairments that require special education or related services are also disabilities.

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.

YOUR RIGHTS UNDER THE LAW

Applicants

• An employer must provide equal employment opportunity for qualified applicants with disabilities to enable them to participate in the job application process and to be considered for a job.
Reasonable accommodations must be provided, as needed, to ensure that individuals with disabilities have equal opportunity in the application and selection process, unless to do so would be an undue hardship or pose a direct threat to the health and safety of others.

An employer does not have to accommodate individuals who are not otherwise qualified for the position that they seek.

Tests must be job-related, that is, designed to measure the skills and abilities that an employee will need on the job.

The law prohibits discrimination, but does not require affirmative action. The employer is free to hire the most qualified applicant.

**Employees**

The law prohibits discrimination in all employment practices, including, but not limited to, promotion, transfer, termination, compensation, job assignments, leaves of absence, fringe benefits, training, activities, and any other term, condition, or privilege of employment.

The employer must provide reasonable accommodations to qualified employees with disabilities, unless to do so would be an undue hardship or pose a direct threat to the health and safety of others.

An employer does not have to accommodate employees who are not otherwise qualified for the position that they hold.

**Medical Examinations and Inquiries**

An employer may not require applicants to take medical examinations or answer any disability-related questions. The employer may ask a job applicant or employee about his or her ability to perform job-related functions and may respond to an applicant’s or employee’s request for reasonable accommodation.

Once a conditional offer of employment has been made, the employer may require a medical examination or ask disability-related questions, provided that the examination or question is job-related and consistent with business necessity and all entering employees in the same job classification are subject to the same examination or question.

An employer may require medical examinations or ask disability-related questions of an employee, provided that the examination or question is job-related and consistent with business necessity.
• An employer may require medical documentation to evaluate a request for reasonable accommodation by an employee or an applicant.

• Tests to detect illegal use of drugs are permitted under the law and are not subject to the above restrictions.

**Confidentiality**

Medical-related information shall be confidential, except for those supervisors, safety personnel, compliance officers, or other specified individuals who have a need to know.

**HOW TO REQUEST A REASONABLE ACCOMMODATION**

In general, it is the responsibility of the individual with a disability to inform the employer that an accommodation is needed. A reasonable accommodation is a modification or adjustment to a job, employment practice, or work environment which enables a qualified individual with a disability to enjoy equal employment opportunity. An employee may request to be represented in this process by the employee’s union, attorney, or any other individual designated by the employee.

**Applicants**

• To request a reasonable accommodation in the application and selection process, contact the personnel analyst or personnel officer at the number or address on the job announcement as soon as you are aware that an accommodation will be needed.

**Employees**

• An employee may request a reasonable accommodation by notifying the employee’s supervisor, personnel officer, ADA coordinator, or department head. Such request may be made verbally or in writing by the employee or his or her representative. The employee will be provided with information on the reasonable accommodation process and the necessary forms to be completed by the employee and the employee’s doctor or health care provider.

• When the completed forms are returned, the department’s ADA coordinator will review the information to determine if the employee is a qualified individual with a disability, and if so, whether an accommodation is appropriate. The coordinator may confer with the employee’s supervisor, the employee’s health care provider, or the ADA coordinator in the Department of Human Resources to review the requested accommodation and/or other alternatives. The coordinator will also contact the employee to discuss the
requested accommodation and/or alternatives.

- This process will be completed as quickly as possible. However, if the information on the forms is incomplete or unclear, the process may be delayed. The employee who is requesting reasonable accommodation should make sure that forms are completed accurately and returned as soon as possible. The department will provide the employee with a written update on the status of the request within fifteen days from the day that the request is acknowledged.

- The department ADA coordinator will review the recommended action with the department head and with DHR, and will notify the employee of the department’s decision on the request. If the request is not approved, the employee will be informed of other options that could be explored.

**ADA PLACEMENTS**

If a qualified disabled employee cannot be accommodated in the employee’s current class in the current department or to another class in any department, the department will refer the employee to the Department of Human Resources for consideration of an ADA placement to the same class in a different department, or to another class in any department.

**APPEAL AND COMPLAINT PROCEDURE**

An employee may appeal a department’s interpretation and/or implementation of the procedures for reasonable accommodation to the Human Resources Director. An employee or applicant who believes that he or she has been discriminated against in an employment action or reasonable accommodation request may make a complaint with the equal employment opportunity officer or ADA coordinator in either the employee’s department or in the Department of Human Resources; or through the grievance procedure of the appropriate employee organization. An employee or applicant may also file a complaint with the California Department of Fair Employment and Housing or the Federal Equal Employment Opportunity Commission.

**RESOURCES**

- Departmental ADA Coordinator or Personnel Officer in your department
- EEO Division, Dept of Human Resources, 44 Gough St, 557-4832 or 557-4838, TTY 775-9498
- Mayor’s Office on Disability, 401 Van Ness, 554-6789; TTY 554-6799
- CA Department of Rehabilitation, 185 Berry Street, 904-7100, TDD 904-7114