# JUDICIARY OF GUAM

**Administrative Office of the Courts**
**Human Resources Office**
Guam Judicial Center • 120 West O'Brien Drive Hagåtña, Guam 96910
Telephone: (671)475-3399/3239/3329/3422/3583 • Fax: (671)477-3184

Katherine A. Maraman, Chief Justice
Alberto C. Lamorena III, Presiding Judge
John Q. Lizama, Administrator of the Courts
Barbara Jean T. Perez, Human Resources Administrator


October 19, 2018

## MEMORANDUM

TO: Judiciary Employees

FROM: Human Resources Administrator

SUBJECT: **DISABILITY ACCOMMODATION POLICY AND TEMPORARY MODIFIED ASSIGNMENT POLICY**

I am pleased to disseminate the **Judiciary of Guam's Disability Accommodation Policy and Temporary Modified Assignment Policy**. The Judiciary as an equal opportunity employer strives to create and maintain an interactive process to address disability and accommodation requests from employees and court patrons. Please take the time to review the attached policy and pertinent forms. These documents will be posted on the Judiciary's website and intranet. Additionally, a briefing will be scheduled for division managers.

Should you have additional questions, please feel free to contact Human Resources, extensions 422/583, Ms. Linette Muna Perez, Program Coordinator IV/EEO Officer, extension 374 or Ms. Michelle (Nikki) Cruz, Program Coordinator IV, extension 893.

Thank you.

**BARBARA JEAN T. PEREZ**

**Attachments:** **Judicial Council Resolution #JC18-019**
**Disability Accommodation Policy and Temporary Modified Assignment Policy**
**FORMS: (ADA Accommodation/EEO Complaint/Employee Consent/Fitness for Duty/Medical Certification**

**cc:** **Chief Justice/Justices**
**Presiding Judge/Judges**
**Administrator of the Courts**
**Division Managers**

*"The Judiciary of Guam is an equal opportunity provider and employer."*

**BEFORE THE 2018 JUDICIAL COUNCIL OF GUAM**

**RESOLUTION NO. JC18-019**

**RELATIVE TO THE APPROVAL of the JUDICIARY OF GUAM DISABILITY ACCOMODATION POLICY and the JUDICIARY OF GUAM TEMPORARY MODIFIED ASSIGNMENT POLICY**

**WHEREAS,** as part of its duties to administer operations for the Judiciary, the Administrative Offices of the Courts, through the Administrator of the Courts, formed a team of Judiciary employees to develop policies to ensure compliance with the Americans with Disabilities Act, the Americans with Disabilities Amendments Act, and other applicable local and federal laws; and

**WHEREAS,** at its meeting on June 21, 2018, this Council was provided with the attached Disability Accommodation Policy and Temporary Modified Duty Policy for its review and consideration.

**NOW THEREFORE BE IT RESOLVED** that the attached Disability Accommodation Policy and Temporary Modified Assignment Policy are hereby APPROVED by this Council and shall be effective as of the date of this adoption.

**DULY ADOPTED** this 19th day of July, 2018 at a duly-noticed meeting of the Judicial Council of Guam.

Katherine A. Maraman

**KATHERINE A. MARAMAN**, Chairwoman

Dated: 7/19/2018

ATTEST:

Shelterihna T. Alokoa

**Shelterihna T. Alokoa,** Secretary

Dated: 7/19/2018

JC18-019 Exhibit

# DISABILITY ACCOMMODATION POLICY

**Purpose**
The Judiciary of Guam ("Judiciary") is committed to providing equal access consistent with the Americans with Disabilities Act ("ADA"), the Americans with Disabilities Amendments Act ("ADAAA"), and other local and federal laws. If you have a qualified disability that affects your ability to carry out essential functions of your job or to meaningfully participate in court proceedings, programs, activities, or services, the Judiciary may provide you with reasonable and appropriate accommodations at no cost to you, unless doing so would cause an undue hardship to the Judiciary.

**Who is covered?**
Any applicant, candidate, employee, or patron with a qualified physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment is covered under this policy. Major life activities include, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

**What is reasonable accommodation?**
Reasonable accommodations are any changes or adjustments in the environment, program, or service that allows equal and reasonable access to all participants. Accommodations that impair the neutrality or functioning of the Judiciary, pose an undue hardship, or fundamentally change the essential functions of a job, program, or service may not be covered.

**Procedure for Non-Employee Users of Court Facilities, Programs, or Activities**

1. Patrons conducting business in the Judiciary may request for an accommodation or assistance by contacting the Judiciary's ADA Coordinator at (671) 300-7993 or by email at jec@guamcourts.org.
2. An accommodation request form is available at the Guam Judicial Center Help Desk Kiosk, Northern Court Satellite, or on its website at www.guamcourts.org.
3. Requests for accommodations should be made as far in advance as possible. Requests made fewer than ten (10) working days from the date upon which such accommodation is needed shall be handled on a case by case basis.
4. All accommodation requests shall include a description of the accommodation sought, along with a statement about the impairment that requires such accommodation. The ADA Coordinator may request additional information about the qualifying impairment if it is deemed necessary in order to provide appropriate accommodations.
5. When an accommodation request is received, the ADA Coordinator will engage in the interactive process with the individual and evaluate the effectiveness of the proposed accommodation.
6. If the proposed accommodation (or an effective alternative) is determined to be appropriate, the ADA Coordinator will assist in coordinating the provision of the requested accommodation.
7. The ADA Coordinator shall contact the requestor to offer the accommodation. If the requestor rejects the accommodation offered, he/she is notified of the right to file a complaint in the manner outlined below.

**How to Submit a Complaint**

Patrons with disabilities who believe they have been discriminated against with regard to access to services, programs, or activities at the Judiciary may file a complaint with the Judiciary's ADA Coordinator at: (671) 300-7993 or by email at jec@guamcourts.org. A complaint form is available at the Guam Judicial Center Help Desk Kiosk, Northern Court Satellite, or on its website at www.guamcourts.org. Upon receipt of a complaint, the ADA Coordinator shall review the complaint, notify the Administrator of the Courts and, where appropriate, propose a resolution. If the ADA Coordinator is the subject of the complaint, the complaint will be handled by the Administrator of the Courts or his/her designee. The approved resolution shall then be communicated to the complainant in written form.

**Procedure for Job Applicants, Candidates, and Employees**

1. Job applicants/candidates may request for an accommodation or assistance by contacting the Judiciary's Human Resources or Equal Employment Opportunity ("EEO") Office.
2. Current Judiciary employees may request for an accommodation or assistance by contacting their immediate supervisor, their division manager, the Human Resources Office, and/or the EEO Office.
3. If a request is made to an immediate supervisor, a division manager, or the Human Resources Office, the request must be routed to the EEO Office.
4. All accommodation requests must be submitted in writing. An accommodation request form is available on the Judiciary's intranet or at www.guamcourts.org. The request shall include a description of the accommodation sought, along with a statement about the impairment that requires such accommodation. The EEO Office or designee may request additional information about the qualifying impairment if it is deemed necessary.
5. Employees are encouraged to make requests for accommodations as far in advance as possible. The Judiciary is committed to accommodating its employees to the best of its ability while ensuring operational effectiveness. When an accommodation request is received, the EEO Office or designee will engage in the interactive process with the individual and evaluate the effectiveness, in consultation with the Division Manager/supervisor, of the proposed accommodation.
6. If the proposed accommodation (or an effective alternative) is determined to be appropriate, the EEO Office or designee will assist in coordinating the provision of the requested accommodation.
7. The EEO Office or designee shall contact the requestor to offer the accommodation in written form. If the requestor rejects the accommodation offered, he/she is notified of the right to file a complaint in the manner outlined below.

**How to Submit a Complaint**

Employees, applicants, or candidates with disabilities who believe they have been discriminated against based on their disability may file a complaint with the Judiciary's EEO Office at: (671) 475-3374. A complaint form is available at the Judiciary's EEO Office, on its website at www.guamcourts.org, or on the Judiciary's intranet. Upon receipt of a complaint, the Judiciary's EEO Procedure will be initiated.

**Delegation of Authority**

The Judicial Council expressly delegates authority to the Administrator of the Courts or his/her designee to make technical and minor substantive changes to this policy at his/her discretion.

JC18-019 Exhibit

# TEMPORARY MODIFIED ASSIGNMENT POLICY

**Purpose**
It is the policy of the Judiciary of Guam ("Judiciary") to accommodate, to the best of its ability by engaging in an interactive process, employees who have a temporary disability and require modified assignments, while ensuring operational needs are met.

**Who is Covered?**
All regular classified, unclassified, and limited-term appointment employees as well as judicial officers are covered by this policy.

If a disability, impairment, or medical condition is determined to be permanent, the employee is not eligible for a Temporary Modified Assignment.

**What is Temporary Modified Assignment?**
Temporary Modified Assignment is for a specified and limited period and fulfills a necessary job function, appropriate to the employee's skills and level of experience as determined by the Employer, and which the employee can perform without violating any medical restriction imposed as a result of a temporary disability, sickness or injury, for which the employee is compensated at his or her regular base pay.

When possible, Temporary Modified Assignments will be made available to workers with a disability, impairment, or medical condition to minimize or eliminate time lost from work. The Judiciary cannot guarantee a Temporary Modified Assignment and is not obligated to offer, create, or encumber any specific position for purposes of offering placement to such a position.

The number, availability, and duration of Temporary Modified Assignments are limited by operational needs as defined by the Administrator of the Courts, Division Manager, or their designee.

**Temporary Modified Assignment for Temporarily Disabled Employees**
Employees are reminded that it is their responsibility to inform the supervisor/division manager and the Human Resources Office of any condition or impairment which may affect their ability to perform their regular job duties. This policy is designed to provide guidelines for the treatment of any employee who, because of a temporary physical or mental disability resulting from an injury or illness, temporarily cannot perform the duties normally assigned to the job. All requests for Temporary Modified Assignments will be handled on a case-by-case basis and at the discretion of the Administrator of the Courts or his/her designee.

A Judiciary employee who would like to request a Temporary Modified Assignment should complete an Accommodation Request Form and request their Job Standard, Employee Consent and Authorization to Release Medical Information, and Medical Inquiry forms to provide them to the Health Care Provider for completion. Law Enforcement Officers should request for the Fitness For Duty – Medical Examination Form (#JOG/HR-SME01). All completed forms must be returned to the Human Resources Office for review. The Human Resources Office will

consult with the division manager, Administrator of the Courts or their designee for determination of the Temporary Modified Assignment.

It is the responsibility of the employee to notify his or her supervisor/Division Manager and the Human Resources Office of any and all changes in medical restrictions.

The Administrator of the Courts, in coordination with the Human Resources Office, after engaging in the interactive process, shall assign the employee to a Temporary Modified Assignment if an appropriate assignment is available, and instruct the employee where and when to report for work. These assignments need not be identified in advance, but will be determined by the needs of the Judiciary.

Length of time for Temporary Modified Assignment shall be for a maximum of ten (10) months. There is no minimum length of time for a Temporary Modified Assignment.

The length of time a probationary employee is on Temporary Modified Assignment will not be counted toward the completion of the probationary period.

If no Temporary Modified Assignment is available in the employee's division or office with the work restrictions stipulated by the health care provider, or the Temporary Modified Assignment has ended, the employee may be placed in the appropriate leave status.

While under the Temporary Modified Assignment, the employee will be paid at his or her regular base pay.

**Placement of Permanently Disabled Employees**
Once an employee is determined to be unable to return to his or her regular position, the employee is responsible for informing the Human Resources Office.

The Judiciary will do its best to accommodate permanently disabled employees by first trying to find alternate permanent placement in another position within the Judiciary. If such other placement is unavailable or the employee refuses such placement, the Judiciary may pursue termination procedures in accordance with applicable policies and rules.

**Coordination with Other Judiciary Policies**
This policy supersedes Rule 7.40 of the Judiciary's Personnel Rules and Regulations and Section XII of the Performance Rating Guide. It is not intended to supersede or modify the procedures applicable to employees eligible for reasonable accommodation or covered under the Americans with Disabilities Act ("ADA"), ADA Amendments Act ("ADAA") or leave benefits under the Family and Medical Leave Act ("FMLA").

Inquiries about the ADA, ADAA, or FMLA should be directed to the Human Resources Office.

**Delegation of Authority**
The Judicial Council expressly delegates authority to the Administrator of the Courts or his/her designee to make technical and minor substantive changes to this policy at his/her discretion.

# Judiciary of Guam

## ADA Accommodation Complaint Form

Please complete this form and submit it to the Judiciary of Guam's ADA Coordinator by e-mail at JEC@guamcourts.org.

You can also hand-deliver this form or make a complaint about the current ADA Coordinator to the Human Resources Office at the main courthouse in Hagatna.

| Last Name: | First Name: | Middle Initial: |
|---|---|---|
| | | |

| Mailing Address: |
|---|
| |

| Phone: | E-Mail Address: |
|---|---|
| | |

**Discrimination Information**

| | |
|---|---|
| Date Accommodation Request Submitted: | |
| Date of Accommodation Denial: | |

**What accommodation did you request?**

**Statement of Complaint (clearly state all grounds for appeal; attach additional sheets as necessary):**

**Additional comments/information:**

By signing below, I affirm that I have reviewed this reasonable accommodation complaint and that it is true to the best of my knowledge, information, and belief.

Date _____ Signature of Patron with a Disability _____

The Judiciary of Guam does not discriminate on the basis of race, color, national origin, genetic information, religion, sex, disability, age, or any other protected classification under federal or local law in the delivery of services (inclusive of educational programs and activities) to program participants and beneficiaries, employees, applicants, and others.
To request for an accommodation or assistance, contact the Judiciary's ADA Coordinator by phone 300-7993 or by e-mail at JEC@guamcourts.org.

## FOR JUDICIARY OF GUAM USE:

Date Complaint Received: _____

Name & Signature of Staff Receiving Complaint: _____

Determination of Complaint: _____

Date of Notification of Determination: _____

# Equal Employment Opportunity (EEO) Complaint Form

1. Protected Classification:

- ☐ Age
- ☐ Disability
- ☐ Genetic Information
- ☐ National Origin
- ☐ Pregnancy
- ☐ Race/Color
- ☐ Religion
- ☐ Retaliation
- ☐ Sex
- ☐ Sexual Orientation
- ☐ Ancestry
- ☐ Honorably Discharged Veteran/Military Status
- ☐ Other Protected Classification: _____

(Please Type or Print)

2. Name: _____
   Last First Middle
3. Division/Section: _____
4. Job Title: _____
5. Email Address: _____
6. Mailing Address: _____
7. Residential Address: _____
   _____
8. Work Phone: _____ 9. Home Phone: _____
10. Cellular Phone/Other Contact Numbers: _____
11. Contact Person if we are unable to reach you:
    Name: _____
    Relationship: _____
    Mailing Address: _____
    Contact Numbers: _____
12. I believe that I was harassed, discriminated, or retaliated against by the following individual:
    Name: _____
    Job Title: _____
    Division: _____

(For Questions 13 & 14, please add additional sheets if necessary)

13. Explain how you believe you were harassed, discriminated, or retaliated against:
    _____
    _____
    _____
14. Please indicate below any witness(es) to the alleged incident(s) of discrimination, harassment, or retaliation:
    _____
    _____
    _____

_____ _____
Signature of Complainant Date

**EMPLOYEE CONSENT AND AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR AMERICANS WITH DISABILITIES ACT (ADA) AND ADA AMENDMENTS ACT (ADAA) REASONABLE ACCOMMODATION**

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**IMPORTANT:** This consent and authorization deals with the release, sharing, disclosure, and receipt of your protected medical and health care information, records, and reports, *including confidential records and reports*. Please read it carefully.

I, _____(PRINT NAME)_____, whose date of birth is _____(DOB)_____, hereby authorize _(HEALTH CARE PROVIDER'S NAME)_, to disclose medical and health information, records, reports, whether verbal, written or electronic format which he/she may have or may receive about me to the Judiciary of Guam.

I understand that I may revoke this Consent at any time by providing written notification to the Judiciary of Guam, Attention: HR Office, except to the extent that the program that is to make the disclosure has already taken action in reliance on it.

It is further understood that this Consent constitutes an express waiver of any rule against disclosure otherwise provided by any confidentiality provision of Federal, Local, or other applicable law. This Consent cannot be used for redisclosure to any party not herein specified.

I hereby release _(HEALTH CARE PROVIDER'S NAME)_, and the Judiciary of Guam, their employees, their agents, and representative of agents from all liability and all claims of any nature whatsoever pertaining to disclosure of information, or of any professional opinions, findings, or recommendations as contained in the information, records, and reports to which this release applies. I understand that this Consent and the release provided for herein is binding on my heirs, representatives, agents, or anyone else authorized to act on my behalf.

I am aware the records and reports to which this release applies may contain references to psychological and psychiatric treatment, care and/or counseling.

I understand this information is to help determine the extent of my disability, its effect on work activities, and any need for reasonable accommodation to enable me to perform my job in the workplace. I have read the above and fully understand its contents in entirety.

**EMPLOYEE'S NAME (PRINT):** _____

**EMPLOYEE'S SIGNATURE:** _____ **DATE:** _____

**JUDICIARY OF GUAM**
**FITNESS FOR DUTY - MEDICAL EXAMINATION FORM** **# JOG/HR-SME01**

**NOTE TO PHYSICIAN:** Probation Officers are employed in a law enforcement capacity with the Judiciary of Guam. They assist in the transportation, handling, processing and security of prisoners. Other duties are explained in the attached Job Standard. They are trained and issued firearms pursuant to the Firearms Policy. In part, the Deputy Marshal shall not use or carry any firearm while under the influence of prescribed medication that may affect their mental or physical faculties. They are required to have good vision and hearing and be capable of sitting, walking, running, or riding for indefinite periods. Their general physical condition **must in no way involve any defect which might become a hazard to themselves or others.** Probation Officers must be medically able to perform efficiently and safely the full range of duties of the position as described in the attached Job Standard.

Please check the appropriate box beside each requirement/factor indicating restrictions for this employee, complete the back of this form and sign at the bottom of both pages. Within two weeks, please mail or fax this information to:

Administrator of the Courts
120 West O'Brien Drive
Hagatna, Guam 96910
Office: (671) 475-3544 Fax: (671) 477-3184

**EMPLOYEE/PATIENT NAME (PRINT):** **DATE OF BIRTH:** **TODAY'S DATE:**

**FUNCTIONAL REQUIREMENTS**

| Restricted | Not Restricted | |
|---|---|---|
| [ ] | [ ] | Heavy lifting, 45 lbs. and over |
| [ ] | [ ] | Heavy carrying, 45 lbs. and over |
| [ ] | [ ] | Reaching above the shoulder |
| [ ] | [ ] | Use of fingers |
| [ ] | [ ] | Use of both hands |
| [ ] | [ ] | Use of both legs |
| [ ] | [ ] | Climbing, use of legs and arms |
| [ ] | [ ] | Operation of crane, truck, tractor, motor vehicle |
| [ ] | [ ] | Ability for rapid mental and muscular coordination simultaneously |
| [ ] | [ ] | Ability to use and desirability of using firearms |
| [ ] | [ ] | Ability to stand for unusually prolonged periods of time |
| [ ] | [ ] | Ability to sit for unusually prolonged periods of time |
| [ ] | [ ] | Ability to function normally with irregularly Scheduled intake of food |

**ENVIRONMENTAL REQUIREMENTS**

| Restricted | Not Restricted | |
|---|---|---|
| [ ] | [ ] | Outdoor environment |
| [ ] | [ ] | Indoor environment |
| [ ] | [ ] | Excessive heat |
| [ ] | [ ] | Excessive cold |
| [ ] | [ ] | Excessive humidity |
| [ ] | [ ] | Excessive dampness or chilling |
| [ ] | [ ] | Dry atmospheric conditions |
| [ ] | [ ] | Working around moving objects or vehicles |
| [ ] | [ ] | Slippery or uneven walking surfaces |
| [ ] | [ ] | Unusual fatigue factors |
| [ ] | [ ] | Working closely with others |
| [ ] | [ ] | Working alone |
| [ ] | [ ] | Prolonged or irregular hours of work |
| [ ] | [ ] | Aggressive law enforcement activities |

**Restrictions must be explained. Use the next page of this form for this purpose and to explain any related medical information or restrictions not covered above.**

**PHYSICIAN'S SUMMARY – FINDINGS – RELATED MEDICAL INFORMATION**

**Summarize on page 2 any findings which need further medical attention and any findings which would limit the employee's performance or present a hazard to the employee or others.**

**DIAGNOSIS:**

**TREATMENT INCLUDING MEDICATIONS AND DOSAGE (INCLUDE MEDICATION SIDE EFFECTS): Indicate planned period of treatment plan, i.e. 1 week, 1 month, 2 months, etc.)**

**RESTRICTIONS (INCLUDE REASON):**

**IF RESTRICTED: PROGNOSIS (INDICATE PROBABLE LENGTH OF TIME UNTIL NO RESTRICTIONS)**

## PHYSICIAN'S CERTIFICATION FOR FITNESS FOR DUTY

I have examined _____ and he/she appears to be:

[ ] Fit-for-Duty (any limited conditions are noted)

[ ] Unfit-for-Duty Temporarily (describe limitations and length of recovery or treatment)

[ ] Unfit-for-Duty Permanently (explain – Use additional sheets if necessary)

This certification provided is based on my clinical visitation with the employee/patient on: _____ at the address of the medical facility indicated below.

**PHYSICIAN NAME (PRINT)** **SPECIALTY:** **TELEPHONE:**

**PHYSICIAN SIGNATURE:** **DATE:**

**FACILITY ADDRESS AND PHONE NUMBERS :**

## INSTRUCTIONS FOR COMPLETION OF THIS FORM

1. Complete all fields, incomplete forms will not be accepted.
2. Type or print legibly in blue or black ink. If no response is necessary or applicable then indicate on the form "N/A or None". If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "Approx" or "Est".
3. Do not use "white out" or correction tape. Initial and date any changes made to the form.
4. All dates provided on this form must be in Month/Day/Year
5. If you need additional space to complete this form, use a blank sheet of paper and note the employee/patient's name and date of birth on each page.
6. Submit completed form to the Administrator of the Courts whose address is noted at the top of Page 1.

## PURPOSE OF THIS FORM

**Completion of Form JOG-HRD-SME01is required to ensure incumbent Probation Officers are medically qualified to meet the physical standards and administrative policies to satisfactorily perform his/her law enforcement duties.**

## AUTHORITY TO REQUEST THIS INFORMATION

**Rule 5.32 and Rule 8.41 of the Judiciary's Personnel Rules and Regulations and the employee's signature to authorize the release of special medical examination results to the Judiciary of Guam, his/her employer.**

**JUDICIARY OF GUAM**
**FITNESS FOR DUTY - MEDICAL EXAMINATION FORM** **# JOG/HR-SME01**

**NOTE TO PHYSICIAN:** Deputy Marshals are employed in a law enforcement capacity with the Judiciary of Guam. They assist in the transportation, handling, processing and security of prisoners. Other duties are explained in the attached Job Standard. They are trained and issued firearms pursuant to the Firearms Policy. In part, the Deputy Marshal shall not use or carry any firearm while under the influence of prescribed medication that may affect their mental or physical faculties. They are required to have good vision and hearing and be capable of sitting, walking, running, or riding for indefinite periods. Their general physical condition **must in no way involve any defect which might become a hazard to themselves or others.** Deputy Marshals must be medically able to perform efficiently and safely the full range of duties of the position as described in the attached Job Standard.

Please check the appropriate box beside each requirement/factor indicating restrictions for this employee, complete the back of this form and sign at the bottom of both pages. Within two weeks, please mail or fax this information to:

Administrator of the Courts
120 West O'Brien Drive
Hagatna, Guam 96910
Office: (671) 475-3544 Fax: (671) 477-3184

**EMPLOYEE/PATIENT NAME (PRINT):** **DATE OF BIRTH:** **TODAY'S DATE:**

**FUNCTIONAL REQUIREMENTS**

| Restricted | Not Restricted | |
|---|---|---|
| [ ] | [ ] | Heavy lifting, 45 lbs. and over |
| [ ] | [ ] | Heavy carrying, 45 lbs. and over |
| [ ] | [ ] | Reaching above the shoulder |
| [ ] | [ ] | Use of fingers |
| [ ] | [ ] | Use of both hands |
| [ ] | [ ] | Use of both legs |
| [ ] | [ ] | Climbing, use of legs and arms |
| [ ] | [ ] | Operation of crane, truck, tractor, motor vehicle |
| [ ] | [ ] | Ability for rapid mental and muscular coordination simultaneously |
| [ ] | [ ] | Ability to use and desirability of using firearms |
| [ ] | [ ] | Ability to stand for unusually prolonged periods of time |
| [ ] | [ ] | Ability to sit for unusually prolonged periods of time |
| [ ] | [ ] | Ability to function normally with irregularly Scheduled intake of food |

**ENVIRONMENTAL REQUIREMENTS**

| Restricted | Not Restricted | |
|---|---|---|
| [ ] | [ ] | Outdoor environment |
| [ ] | [ ] | Indoor environment |
| [ ] | [ ] | Excessive heat |
| [ ] | [ ] | Excessive cold |
| [ ] | [ ] | Excessive humidity |
| [ ] | [ ] | Excessive dampness or chilling |
| [ ] | [ ] | Dry atmospheric conditions |
| [ ] | [ ] | Working around moving objects or vehicles |
| [ ] | [ ] | Slippery or uneven walking surfaces |
| [ ] | [ ] | Unusual fatigue factors |
| [ ] | [ ] | Working closely with others |
| [ ] | [ ] | Working alone |
| [ ] | [ ] | Prolonged or irregular hours of work |
| [ ] | [ ] | Aggressive law enforcement activities |

**Restrictions must be explained. Use the next page of this form for this purpose and to explain any related medical information or restrictions not covered above.**

**PHYSICIAN'S SUMMARY – FINDINGS – RELATED MEDICAL INFORMATION**

**Summarize on page 2 any findings which need further medical attention and any findings which would limit the employee's performance or present a hazard to the employee or others.**

**DIAGNOSIS:**

**TREATMENT INCLUDING MEDICATIONS AND DOSAGE (INCLUDE MEDICATION SIDE EFFECTS): Indicate planned period of treatment plan, i.e. 1 week, 1 month, 2 months, etc.)**

**RESTRICTIONS (INCLUDE REASON):**

**IF RESTRICTED: PROGNOSIS (INDICATE PROBABLE LENGTH OF TIME UNTIL NO RESTRICTIONS)**

## PHYSICIAN'S CERTIFICATION FOR FITNESS FOR DUTY

I have examined _____ and he/she appears to be:

[ ] Fit-for-Duty (any limited conditions are noted)

[ ] Unfit-for-Duty Temporarily (describe limitations and length of recovery or treatment)

[ ] Unfit-for-Duty Permanently (explain – Use additional sheets if necessary)

This certification provided is based on my clinical visitation with the employee/patient on: _____ at the address of the medical facility indicated below.

**PHYSICIAN NAME (PRINT)** **SPECIALTY:** **TELEPHONE:**

**PHYSICIAN SIGNATURE:** **DATE:**

**FACILITY ADDRESS AND PHONE NUMBERS :**

## INSTRUCTIONS FOR COMPLETION OF THIS FORM

1. Complete all fields, incomplete forms will not be accepted.
2. Type or print legibly in blue or black ink. If no response is necessary or applicable then indicate on the form "N/A or None". If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "Approx" or "Est".
3. Do not use "white out" or correction tape. Initial and date any changes made to the form.
4. All dates provided on this form must be in Month/Day/Year
5. If you need additional space to complete this form, use a blank sheet of paper and note the employee/patient's name and date of birth on each page.
6. Submit completed form to the Administrator of the Courts whose address is noted at the top of Page 1.

## PURPOSE OF THIS FORM

**Completion of Form JOG-HRD-SME01is required to ensure incumbent Deputy Marshals are medically qualified to meet the physical standards and administrative policies to satisfactorily perform his/her law enforcement duties.**

## AUTHORITY TO REQUEST THIS INFORMATION

**Rule 5.32 and Rule 8.41 of the Judiciary's Personnel Rules and Regulations and the employee's signature to authorize the release of special medical examination results to the Judiciary of Guam, his/her employer.**

# JUDICIARY OF GUAM
# FITNESS FOR DUTY FORM – NON LAW ENFORCEMENT

| LAST NAME: | FIRST NAME: | MIDDLE INITIAL: |
|---|---|---|
| DIVISION: | POSITION TITLE: | PHONE: |

**A. QUESTIONS TO CLARIFY ACCOMMODATION REQUESTED (Attach additional pages if needed)**

1. What specific accommodation are you requesting?

2. If you are not sure what accommodation is needed, do you have any suggestions on what options we can explore? If *yes*, please explain. Yes ☐ No ☐

3. Is your accommodation request time sensitive? Yes ☐ No ☐

**B. QUESTIONS TO DOCUMENT THE REASON FOR ACCOMMODATION REQUEST (Attach additional pages if needed)**

1. What, if any, job function are you having difficulty performing?

2. What, if any, employment benefit are you having difficulty accessing?

3. What limitation is interfering with your ability to perform your job or access an employment benefit?

4. Have you had any accommodations in the past for this same limitation? Yes ☐ No ☐
   If *yes*, what were they and how effective were they?

5. If you are requesting a specific accommodation, how will that accommodation assist you?

6. Please provide any additional information that might be useful in processing your accommodation request.

Signature: _____ Date: _____

**C. SUBMISSION TO EEO OFFICE**

**RETURN THIS FORM AND ANY ATTACHMENTS DIRECTLY TO THE EEO OFFICE**

Received on: _____ By: _____
EEO Office

**RECOMMENDATION**

Recommend this request for reasonable accommodation be:

☐ APPROVED Remarks:

☐ DENIED Remarks:

By: _____ Date: _____
EEO Office

**DETERMINATION**

The request for reasonable accommodation is:

☐ APPROVED Remarks:

☐ DENIED Remarks:

By: _____ Date: _____
Administrator of the Courts (Signature)

# MEDICAL CERTIFICATION FORM IN RESPONSE TO AN ACCOMMODATION REQUEST

| EMPLOYEE INFORMATION | | |
|---|---|---|
| **LAST NAME:** | **FIRST NAME:** | **MIDDLE INITIAL:** |
| **DIVISION:** | **POSITION TITLE:** | **PHONE:** |

**A. QUESTIONS TO HELP DETERMINE WHETHER AN EMPLOYEE HAS A DISABILITY**

Does the employee have a physical or mental impairment? YES ☐ NO ☐

If *yes*, what is the nature of the impairment?

Is the impairment permanent? YES ☐ NO ☐

If **not** permanent, how long will the impairment likely last?

Answer the following question based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

*Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.*

Does the impairment substantially limit a major life activity as compared to most people in the general population?

YES ☐ NO ☐ **OR** Describe the employee's limitations when the impairment is active:

If **YES**, what major life activity/activities (includes major bodily functions) is/are affected?

| | | | | |
|---|---|---|---|---|
| ☐ Bending | ☐ Hearing | ☐ Reaching | ☐ Speaking | ☐ Other: (describe) |
| ☐ Breathing | ☐ Interacting With Others | ☐ Reading | ☐ Standing | |
| ☐ Caring For Self | ☐ Learning | ☐ Seeing | ☐ Thinking | |
| ☐ Concentrating | ☐ Lifting | ☐ Sitting | ☐ Walking | _____ |
| ☐ Eating | ☐ Performing Manual Tasks | ☐ Sleeping | ☐ Working | _____ |

Major bodily functions:

| | | | |
|---|---|---|---|
| ☐ Bladder | ☐ Digestive | ☐ Lymphatic | ☐ Reproductive |
| ☐ Bowel | ☐ Endocrine | ☐ Musculoskeletal | ☐ Respiratory |
| ☐ Brain | ☐ Genitourinary | ☐ Neurological | ☐ Special Sense Organs & Skin |
| ☐ Cardiovascular | ☐ Hemic | ☐ Normal Cell Growth | |
| ☐ Circulatory | ☐ Immune | ☐ Operation of an Organ | ☐ Other: (describe) |

_____

## B. QUESTIONS TO HELP DETERMINE WHETHER AN ACCOMMODATION IS NEEDED

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance or accessing a benefit of employment?

What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s) or access a benefit of employment?

## C. QUESTIONS TO HELP DETERMINE EFFECTIVE ACCOMMODATION OPTIONS

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance?

## D. COMMENTS AND SIGNATURE

Additional Comments:

Health Care Provider/Physician (Print Name): _____

Address: _____

Medical Professional's Signature: _____ Date: _____

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.