

**Assistive Device Program for  
Faculty & Staff with Disabilities**

California State University, Fresno

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Prepared by  
Human Resources  
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## **Assistive Device Program for Faculty & Staff with Disabilities**

Campus Administration annually allocates funds to assist faculty and staff with permanent disabilities perform the essential functions of their jobs. Applications for funds are normally submitted to the campus Assistive Device Program Coordinator each spring prior to the end of the semester for the following academic year and/or prior to the beginning of the semester for which Assistive Devices funds are being requested. Should need arise during the academic year, applications will be accepted and reviewed on a case by case basis. The following conditions and criteria will be followed when the Assistive Device Program review committee of the President's Committee on Disabilities evaluates applications to the Assistive Device/Assistance Program.

### **Purpose and Use of Program Funds**

1. Assistive devices and/or adaptive equipment purchased with program funds should be used to facilitate the performance of job-related activities. Assistive device funding is different from ergonomic funding as the former is remedial and the latter is preventative.
2. Funding through this program is available only for current temporary and permanent employees (excluding student employees).
3. Program funds will be provided to purchase equipment or devices for the job-related essential functions of employees.
4. The Program provides funding for adaptive computer components and software, e.g., enlarged monitors, software for access, scanners in some situations, voice activated input systems. Funding from the program can in limited situations be used to purchase computer hardware, which, although not strictly adaptive in nature, may be needed to support the software and adaptive computer components need by individuals with disabilities to do the essential functions of their jobs.
5. Funding for auxiliary assistance will be provided for a maximum of 48 weeks per year for a 12-month employee and 34 weeks per year for an academic-year employee. Funding for temporary employees will be provided based on the length of their temporary appointment. Employees on partial leaves of absence will have their requests considered with regard to their assigned work schedule.

### **Exclusions**

1. Medical or mechanical engineering evaluations to determine appropriate

- accommodations for employees with disabilities.
2. Standard office equipment such as chairs, desks and office machinery. (See Purpose and Use of Program Funds, #1).
  3. The purchase of any item costing \$100 or less.

### **Property/Ownership of Equipment**

1. Assistive software and equipment acquired through these funds and purchased for the primary use of a specific employee will remain the property of California State University, Fresno. All equipment, including software manuals, diskettes, and CD-ROM disks are to be returned to Human Resources when the employee no longer has a need to use said equipment. This may be at the time of separation from employment from California State University, Fresno and/or retirement from the university. The employee is responsible for this equipment at all times while it is in his or her possession. It is the employee's responsibility to return the equipment to Human Resources in Joyal, room 148.
2. In the event that an employee is promoted, transferred or assumes new job assignments or responsibilities at California State University, Fresno, the equipment purchased on behalf of that employee may continue to be used by that employee as long as a need for the equipment remains.

### **Request Procedures**

1. Requests for funding should be submitted by the specified deadline for each academic year. Requests received after the deadline will be reviewed on a case by case basis.
2. All requests for program funding must be forwarded to the campus Assistive Device Program Coordinator. Applications will be reviewed by a sub-committee of the President's Committee on Disabilities (PCD). Funding recommendations will be forwarded to the Director of Human Resources for final approval and allocation.

### **Request Criteria**

1. For new applicants, verification of disability is required for individuals with visible and non-visible disabilities. Verification may be provided through a statement from a physician, a health-care practitioner, or a rehabilitation professional documenting the need for accommodation. The university, not the physician, will make the decision as to how to accommodate special needs.
2. All requests for auxiliary assistance must specify the hourly rate, number of hours per week and number of weeks per year (as specified above in Purpose and Use of Program

Funds, #5).

3. All recipients of Assistive Device Program funds are required to document the actual amount they utilized during the academic year. Documentation is to be submitted at the end of each semester. All unused funds are to be returned by the employee's department to the Assistive Devices program at the end of the academic year.
4. Temporary faculty or staff applicants are to notify the Assistive Devices Program as soon as possible should their teaching or work schedule be decreased or increased. An additional or amended request for funds may be required in order to secure sufficient funds for assistance.

**Assistive Device / Auxiliary Assistance**  
**Application For Funding**

1. Funds requested for which semester(s) and year: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Fresno State P/S I.D.#: \_\_\_\_\_

4. Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

5. Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

6. Department Contact Name: \_\_\_\_\_

7. Department Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

8. Status of Position:     Staff             Faculty             MPP

If temporary position, please indicate period of employment: \_\_\_\_\_

9. Disability Condition(s): (Physician diagnosis must be attached) \_\_\_\_\_

\_\_\_\_\_

10. Is disabling condition permanent?     Yes             No

11. Indicate which essential job function(s) is compromised by your condition. Attach a copy of your job description. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Auxiliary Assistance:** Describe the specific functions for which assistance is being requested, e.g., reading, note taking, interpreting, and driving. Specify cost per hour, week, term and/or year per the following sample:

*Fall 2003: Reader @ \$8.50/hr for 5 hrs/week x 17 weeks = 85 hrs x \$8.50 = \$722.50*  
*Spring 2004: Reader @ \$8.50/hr for 3 hrs/week x 17 weeks = 51 hrs x \$8.50 = \$433.50*

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**13. Equipment:** Vendor and cost in as much detail as possible. Please list all components and prices separately including shipping costs, and attach a completed Requisition if possible. Include documentation on alternative vendor and cost.

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**14. Cost:**

	Auxiliary Assistance	Equipment	Total
<b>Fall</b>	\$	\$	\$
<b>Spring</b>	\$	\$	\$
(if applicable) <b>Summer</b>	\$	\$	\$
<b>Total</b>	\$	\$	\$

Amount of matching funds from your Department: \$ \_\_\_\_\_

**Signature of applicant below indicates acceptance and agreement to conditions set forth in Assistive Device Program as outlined in Policy G-5.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Department head if matching funds are available*

\_\_\_\_\_  
*Date*

If you have any questions regarding the Assistive Devices Program, please call Human Resources at 278-2364.