

DHR Spring Forum

Tuesday, May 22, 2018

8:00 a.m. – 4:00 p.m. | Lincoln Auditorium, Idaho State Capitol



8:00 a.m. – 8:15 a.m.	Check In
8:15 a.m. – 8:30 a.m.	Welcome and Introductions <i>Susan E. Buxton, Esq., DHR Administrator</i>
8:30 a.m. – 10:30 a.m.	Active Shooter in the Workplace <i>Joe Lewis, Idaho State Police</i>
10:30 a.m. – 10:45 a.m.	Break
10:45 a.m. – 11:00 a.m.	Health Matters Update <i>Angela Kraft, DHR Health Matters Coordinator</i>
11:00 a.m. – 11:30 a.m.	Human Rights Commission <i>Ben Earwicker, Human Rights Commission</i>
11:30 a.m. – 12:30 p.m.	Lunch – On Your Own
12:30 p.m. – 1:30 p.m.	E-Verify Compliance Update <i>Yu-Ting C. Adler, U.S. Citizenship and Immigration Services</i>
1:30 p.m. – 2:00 p.m.	PERSI: Past, Present & Future <i>Don Drum, PERSI Director</i>
2:00 p.m. – 2:15 p.m.	Office of Group Insurance Update <i>Jennifer Pike, OGI Administrator</i>
2:15 p.m. – 2:30 p.m.	Break
2:30 p.m. – 3:30 p.m.	The ADA Interactive Process and its Relationship with FMLA <i>Colleen D. Zahn, Esq., Deputy Attorney General</i>
3:30 p.m. – 4:00 p.m.	DHR Updates and Q&A <i>DHR Staff</i>

Watch it LIVE at: <http://idahoptv.org/INSESSION/>

What is an active shooter?

An Active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated space.

Characteristics of an active shooter situation:

- Victims are selected at random
- The event is quick and unpredictable
- There is no specific profile on who an active shooter may be

Coping with an active shooter situation

- Be aware of your environment and any possible dangers
- Know all your exits, where they lead to, and the ways to get to them
- Stay calm, take deep breaths, and help others to do the same thing

When it is safe, call Capitol Mall Security at 334-2222 or call 911.

What's Next?

Set up a meeting with your division!

- Identify entry/exit points
- Be aware of your routes of escape
- Find locations that are defensible yet escapable
- Identify everyday items in your office and suite that you can use to defend yourself
- Program emergency numbers into your cell phone
- Program Division Managers number into your cell phone
- Ask questions!!!

For more information on training or questions about an active shooter event, contact your training manager for details.

Employee Active Shooter Response Guide

Get more information at:
<http://www.avoiddenydefend.org/>

Avoid

Deny

Defend

Employee Active Shooter Response Guide

In an Emergency call

9-334-2222 or

9-911

Developed by ISP
Information shared from
the ALERRT center at Texas
State University



AVOID DENY DEFEND

How to Respond to an active shooter event

Time & decision making is critical in these situations.



1. Avoid

Get away from the threat and exit the building whenever it is possible!

How to avoid a threat:

- Pay attention to your surroundings
- Move away from the threat as quickly as possible
- Have multiple exit plans & know where these exits are
- Exit the building as soon as it is safe to do so
- Find cover or a solid object that not only hides you but provides protection

2. Deny

Use this option when you are unable to **Avoid** the threat or they are blocking your way out of the building.

- Keep distance between you and the threat
- Go in a room and lock the door
- Build a barrier with whatever you can find
- Turn off the lights
- Silence your phones/turn off the vibration mode
- Hide **behind** large objects, not under them
- Do not restrict your options for movement
- Continue to find a way out when possible

3. Defend

This is the last option to use. **Remember** you have a right to protect yourself or others.

- Be prepared to defend yourself
- Be aggressive and committed to your actions
- Do not fight fair or worry about hurting the threat
- This is about survival, throw things, yell and work as a team

Arrival of First Responders

- Keep your hands visible
- Follow **all** commands even if you think they are unreasonable
- Officers can be in uniforms or identified by a badge either on their belt or around their neck
- Do not hold onto the first responders! They are moving towards the threat to stop it!



Information to provide Law Enforcement

- Location of the shooters
- Number of shooters
- Physical description of the shooters
- Number and type of weapons they may have
- Number of potential victims at the location

Do Not Put Yourself in Danger to Get This Information!

HEALTH *matters*

A RECIPE FOR WELLNESS





EMPLOYEE SURVEY

- EATING HEALTHY
- STAYING PHYSICALLY ACTIVE
- MANAGING STRESS [LIFE BALANCE]

State Employee Wellness Program · healthmatters.idaho.gov





BARRIERS TO WELLNESS

- TIME
- CONVENIENCE
- AWARENESS



PROBLEM SOLVING

- SIMPLE
- COMPLICATED
- COMPLEX

TYPES OF PROBLEMS

SIMPLE

No special expertise

Same results over and over

Example:
Cooking from a recipe

COMPLICATED

Expertise is required

Series of simple problems

Example:
Launching a rocket

COMPLEX

Expertise may help

Individual and unique

Example:
Raising a child

INDIVIDUAL CONTEXT



State Employee Wellness Program · healthmatters.idaho.gov



Health Matters provides
resources and **opportunities**
to navigate the
complexities of your
individual journey.



State Employee Wellness Program · healthmatters.idaho.gov





HEALTH MATTERS

- WEBSITE
- eNEWSLETTER
- FACEBOOK
- EVENTS & CHALLENGES
- SCREENINGS & CLINICS
- AGENCY WELLNESS

State Employee Wellness Program · healthmatters.idaho.gov



WELLNESS WHEEL



State Employee Wellness Program · healthmatters.idaho.gov

HEALTH
matters

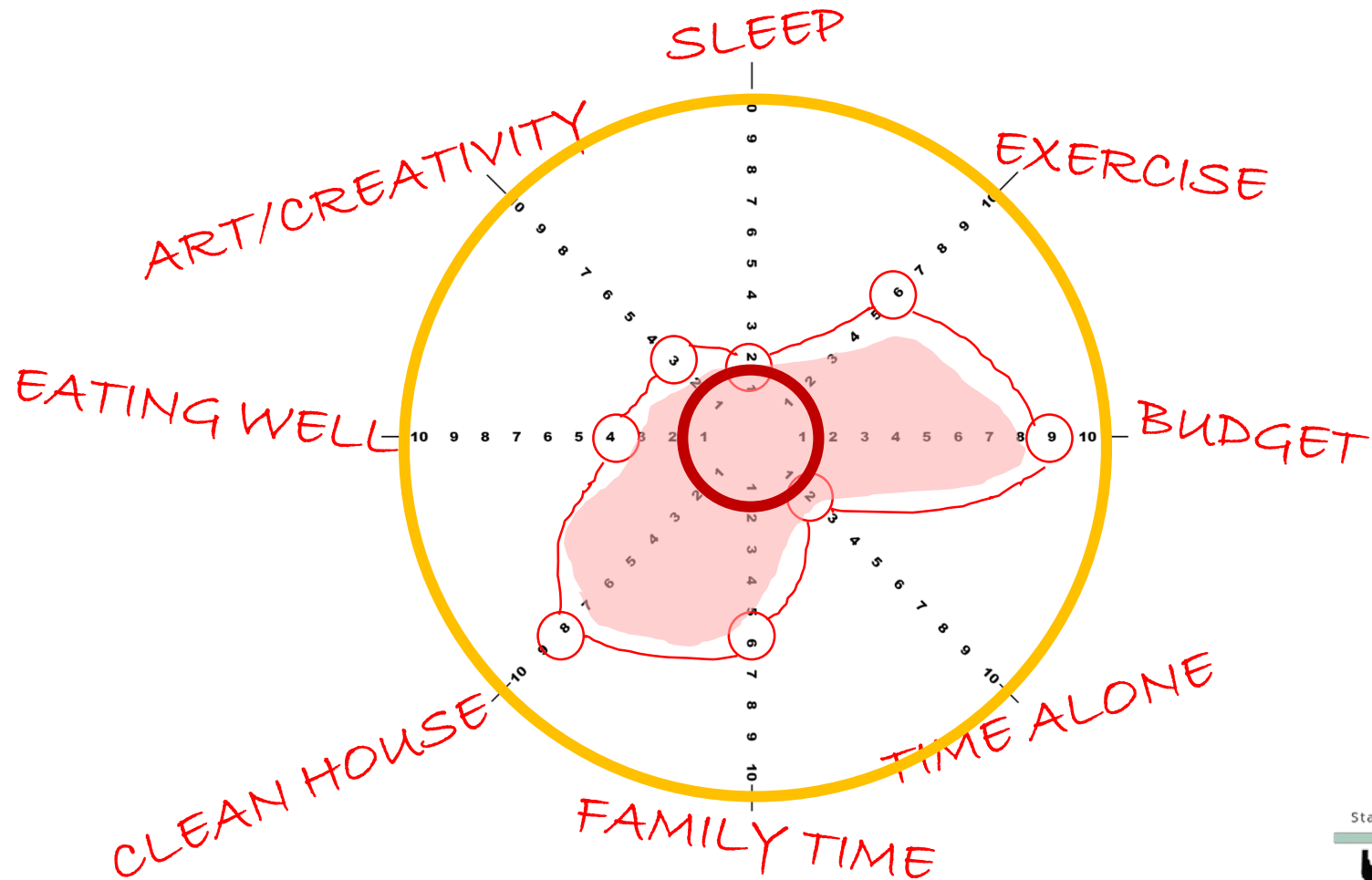
WELLNESS WHEEL



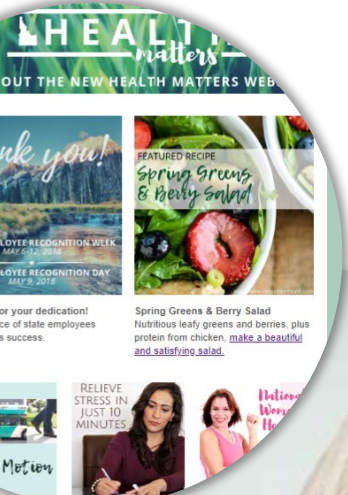
State Employee Wellness Program · healthmatters.idaho.gov



WELLNESS WHEEL




NOW WHAT?





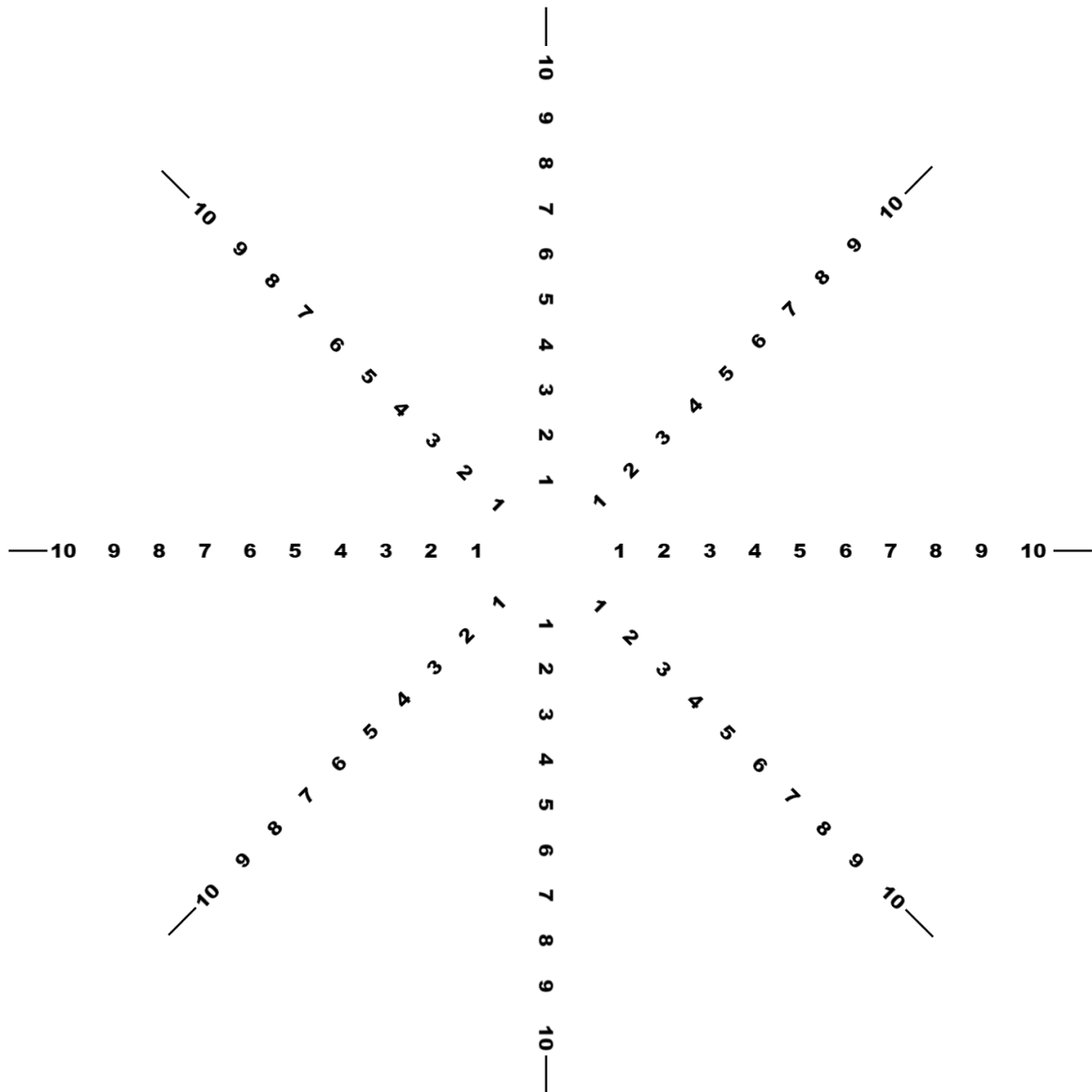
ANGELA KRAFT

HEALTH MATTERS COORDINATOR
IDAHO DIVISION OF HUMAN RESOURCES

 | 208.854.3066

 | angela.kraft@dhr.idaho.gov

MY WELLNESS WHEEL



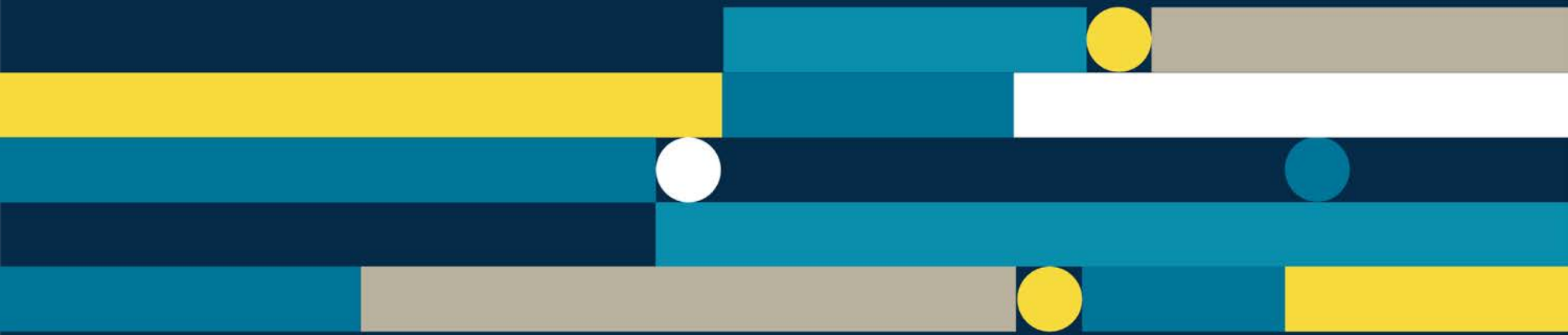
State Employee Wellness Program · healthmatters.idaho.gov



IDAHO

HUMAN RIGHTS
COMMISSION

FIND COMMON
GROUND.






Idaho Human Rights Commission – Key Services

PREVENTiON

PROTECTiON

RESOLUTiON

-  Educational Outreach
-  Legal Enforcement
-  Mediation/Conciliation



Enforcement of Anti-Discrimination and Retaliation Statutes

- Protection for employees, individuals in public businesses, students, tenants
- Enforcement of both state and federal laws
 - Title VII of the Civil Rights Act
 - ADA
 - ADEA
 - Idaho Human Rights Act
 - Idaho Equal Pay Act



Enforcement of Anti-Discrimination and Retaliation Statutes

- Protected categories:
 - Sex/Gender (including pregnancy)
 - Disability (except in education)
 - Race, Color, National Origin
 - Religion
 - Age (over 40 in employment)
- Retaliation for protected activity in any of the above areas



Benefits to Business, Industry, Government Agencies, and Other Organizations

- Resolution of Complaints/Charges of Discrimination
- Free mediation and conciliation services
- Savings in litigation costs
- Free training and presentations on relevant laws, best practices



Legal Standards – Evaluation of Cases

- “**Probable Cause**” v. “Beyond a Reasonable Doubt”
 - Is it “more likely than not” that illegal discrimination or retaliation occurred?
 - Preponderance of evidence
- Harassment/Hostile Work Environment: “**Severe or Pervasive**”
- “**But for**” clause in age cases
- Administrative processes
 - Administrative dismissal, Notice of Right to Sue
 - Not court proceeding
 - Must exhaust administrative remedy



Commission Process for Receiving & Processing Charges of Discrimination

1. Receipt of Charge
2. Response
3. Mediation
4. Investigation
5. Commission's Determination



Commission Processes: What to Expect

- Timeline of investigation
- Neutral, impartial investigation – not representation or advocacy
- Fact-finding process
- No agenda other than evaluating cases under the law and enforcing statutes for which the Commission has jurisdiction
- Evaluation of events, interactions, processes, policies, internal investigations
 - Importance of thorough, timely internal investigation

Leading Through Change – IHRC Updates & Key Trends

	FY 2014	FY2015	FY2016	FY2017
Total Administrative Cases Filed	435	443	403	485
Issues most frequently raised				
Discharge (actual or constructive)	64%	71%	70%	73%
Sexual harassment	15%	17%	13%	12%
Harassment/Intimidation	31%	26%	29%	38%
Failure to accommodate a disability	17%	24%	18%	23%
Terms & conditions of employment	17%	13%	17%	26%



Leading Through Change – IHRC Updates & Key Trends

Intakes	FY2014	FY2015	FY2016	FY2017
Total number of IHRC contacts	2,188	1,886	1,761	2,031
Average per month	182	157	147	169
Total number of charges drafted	471	397	383	599
Average per month charges drafted	39.2	33	32	50
Percentage of drafts per month	21.5%	21%	21.7%	29.4%



Case Resolutions	FY2014	FY2015	FY2016	FY2017
Total Administrative Cases Resolved	460	494	463	418
No probable cause findings	74.8%	72.3%	75.2%	71.3%
Mediations, settlements, successful conciliations	17%	15.2%	15.8%	22%
Conciliation failures	.4%	1.4%	2.1%	1.4%
Non-jurisdictional; Notice of Right to Sue without findings; other	7.8%	11.1%	6.9%	5.3%



To contact the IHRC:

humanrights.idaho.gov

or

(208) 334-2873



Dr. Ben Earwicker

(208) 334-2873 x 4055

benjamin.earwicker@labor.idaho.gov

*Idaho Human Rights
Commission*



U.S. Citizenship
and Immigration
Services

Form I-9 and E-Verify Compliance Updates

www.e-verify.gov

E-Verify gives me
peace of mind
about my workforce.

In just a few clicks,
E-Verify quickly confirms
an employee's eligibility
to work in the U.S.



Scan QR code or visit
www.dhs.gov/E-Verify



Works for everyone

Agenda

- Background
- What has changed on Form I-9
- Document Tips
- Correcting Mistakes on Form I-9
- E-Verify
- Resources

Background

In 1986, in an effort to control illegal immigration, Congress passed the **Immigration Reform and Control Act (IRCA)**.

IRCA forbids employers from knowingly hiring individuals who do not have work authorization in the United States.

The employment eligibility verification provisions, and sanctions, of **IRCA** are found in **Section 274A of the Immigration and Nationality Act (INA)**.



Employment Verification

To comply with the employment eligibility verification provisions of the INA an employer must:

- Verify the **identity** and **employment authorization** documents of employees hired after November 6, 1986
- **Complete** and **retain** a **Form I-9** for each employee hired after November 6, 1986
- **Refrain from discriminating against** individuals on the basis of actual or perceived national origin, citizenship or immigration status

Immigrant and Employee Rights Section (IER)

The anti-discrimination provisions of the INA are enforced by:

Department of Justice

Civil Rights Division

Immigrant and Employee Rights Section



— U.S. DEPARTMENT OF JUSTICE —
IMMIGRANT & EMPLOYEE RIGHTS SECTION
— CIVIL RIGHTS DIVISION —

- Employees may contact the [Immigrant and Employee Rights Section \(IER\)](#) to obtain additional information regarding employment discrimination and employee rights and responsibilities*

1-800-255-7688 (TDD: 1-800-616-5525)

- Employers may also contact IER*

1-800-255-8155 (TDD: 1-800-362-2735)

*callers may remain anonymous

See [IER's "Employer Dos and Don'ts."](#)

Form I-9 Requirements

All U.S. employers must have a **Form I-9 on file for all current employees.**

- The revised form has a revision date of 07/17/17 N. Employers will be allowed to use either the current form or the new form through September 17, 2017, after which they must use the revised form.
- Exception: Employers are not required to have Forms I-9 for employees hired on or before November 6, 1986.
- You may delegate the authority to complete Form I-9 to a responsible agent, however, you will retain liability for any errors.



Completing Form I-9



[Instructions](#) [Start Over](#) [Print](#)

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) [?]	First Name (Given Name) [?]	Middle Initial [?]	Other Last Names Used (if any) [?]
Address (Street Number and Name) [?]		Apt. Number [?]	City or Town [?]
Date of Birth (mm/dd/yyyy) [?]		U.S. Social Security Number [?]	Employee's E-mail Address [?]
State [?]		ZIP Code [?]	Employee's Telephone Number [?]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States [?]

2. A noncitizen national of the United States (See instructions) [?]

3. A lawful permanent resident (Alien Registration Number/USCIS Number) [?]

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): [?]

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: [?]

OR

2. Form I-94 Admission Number: [?]

OR

3. Foreign Passport Number: [?]

Country of Issuance: [?]

OR Code - Section 1
Do Not Write in This Space

Signature of Employee [?]

Today's Date (mm/dd/yyyy) [?]

Preparer and/or Translator Certification (check one): [?]

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator [?]

Today's Date (mm/dd/yyyy) [?]

Last Name (Family Name) [?]

First Name (Given Name) [?]

Address (Street Number and Name) [?]

City or Town [?]

State [?]

ZIP Code [?]

[Click to Finish](#)

[Employer Completes Next Page](#)



[Instructions](#) [Start Over](#) [Print](#)

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents.")

Employee Info from Section 1 [?]

Last Name (Family Name) [?]

First Name (Given Name) [?]

M.I. [?]

Citizenship/Immigration Status [?]

List A	OR	List B	AND	List C
Identify and Employment Authorization		Identity		Employment Authorization
Document Title [?]		Document Title [?]		Document Title [?]
Issuing Authority [?]		Issuing Authority [?]		Issuing Authority [?]
Document Number [?]		Document Number [?]		Document Number [?]
Expiration Date (if any) (mm/dd/yyyy) [?]		Expiration Date (if any) (mm/dd/yyyy) [?]		Expiration Date (if any) (mm/dd/yyyy) [?]
Document Title [?]				
Issuing Authority [?]				
Document Number [?]				
Expiration Date (if any) (mm/dd/yyyy) [?]				
Document Title [?]				
Issuing Authority [?]				
Document Number [?]				
Expiration Date (if any) (mm/dd/yyyy) [?]				

Additional Information [?]

OR Code - Sections 2 & 3
Do Not Write in This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): [?]

(See instructions for exemptions)

Signature of Employer or Authorized Representative [?]

Today's Date (mm/dd/yyyy) [?]

Title of Employer or Authorized Representative [?]

Last Name of Employer or Authorized Representative [?]

First Name of Employer or Authorized Representative [?]

Employer's Business or Organization Name [?]

Employer's Business or Organization Address (Street Number and Name) [?]

City or Town [?]

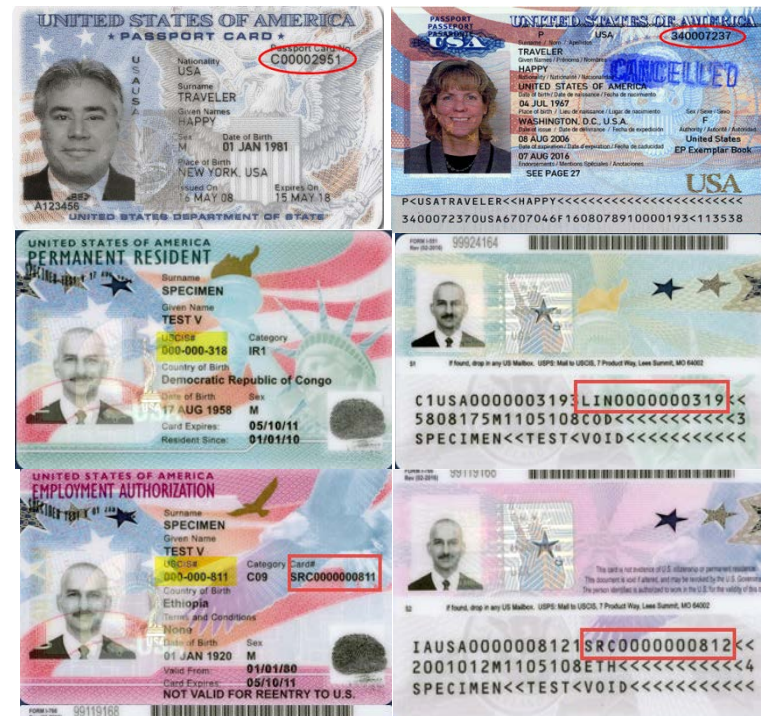
State [?]

ZIP Code [?]

[Click to Finish](#)

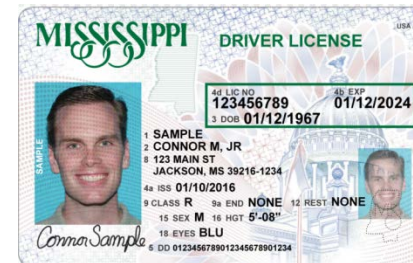
LIST A DOCUMENTS

- Documents that Establish Both Identity and Employment Authorization
- The documents on List A show both identity and employment authorization. Employees presenting an acceptable List A document should not be asked to present any other document.
- Some List A documents are in fact a combination of 2 or more documents.
- In these cases, the documents presented together count as one LIST A document.
- Identify the *Alien Number* on documents
- Identify the *Document Number* on documents



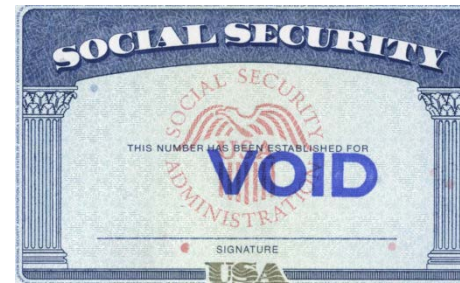
LIST B DOCUMENTS

- Documents that Establish Identity
- The documents on List B establish only identity. Employees who choose to present a List B document must also present a document from List C for Section 2.



LIST C DOCUMENTS

- LIST C DOCUMENTS
- The documents in List C only establish employment authorization.
- Employees who choose to present a List C document must also provide a document from List B for Section 2.



Section 2: Examining Documents Genuineness and Photocopies

- You are not required to be a document expert
- You **MUST** accept a document presented by an employee if it reasonably appears to be:
 - Genuine; AND,
 - Relates to the individual presenting it
- Section 2 **MUST** be filled out in the presence of the employee
- The document **MUST** be original* – photocopies are **NOT** acceptable

**Exception:* Certified copy of a birth certificate

Section 3: Reverification & Rehires

Employee Name from Section 1:		Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)				
A. New Name (if applicable) ?			B. Date of Rehire (if applicable)	
Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?	Date (mm/dd/yyyy) ?	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title ?	Document Number ?	Expiration Date (if any) (mm/dd/yyyy) ?		
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative ?	Today's Date (mm/dd/yyyy) ?	Name of Employer or Authorized Representative ?		

- You **MUST** reverify an employee using **Section 3** if his or her temporary employment authorization has expired.
- You **MAY** also complete Section 3 if you:
 - **Rehire** the EMPLOYEE within 3 years of the date of initial execution of the Form I-9*
 - Update the **biographic information** of an employee

* USCIS recommends completing a new Form I-9 for rehires

Correcting Form I-9

Correcting Mistakes

If you discover a mistake on Form I-9, correct the existing form

OR prepare a new Form I-9:

- If you choose to correct the existing Form I-9, line out the incorrect portions, enter the correct information, and initial and date the correction.
- If you do a new Form I-9, retain the old form. You should also attach a short memo to both the new and old Forms I-9 stating the reason for your action.

Missing Forms

If you discover you are missing the Form I-9 for an employee:

- Provide the employee with a Form I-9
- Complete the Form I-9 as soon as possible
- DO NOT backdate the Form I-9.

Storage and Retention

Form I-9 MUST be on file for all current employees and stored securely in a way that meets your business needs – on site, off-site, storage facility or electronically.

- **Store Forms I-9** and document copies together and ensure that only authorized personnel have access to stored Forms I-9.

Forms I-9 must be retained for:

3 years after the date you **hire** an employee **or**

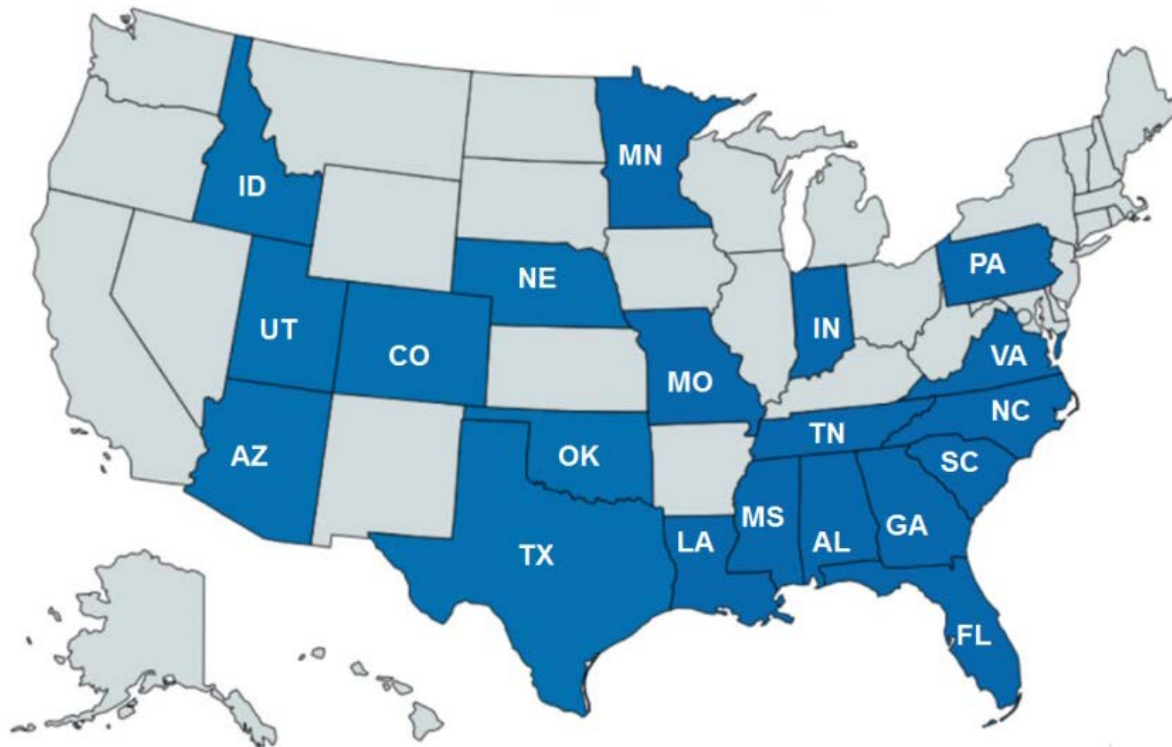
1 year after the date employment **terminates**, whichever is later.

Form I-9 and E-Verify

Form I-9 must be completed before a case can be created in E-Verify.

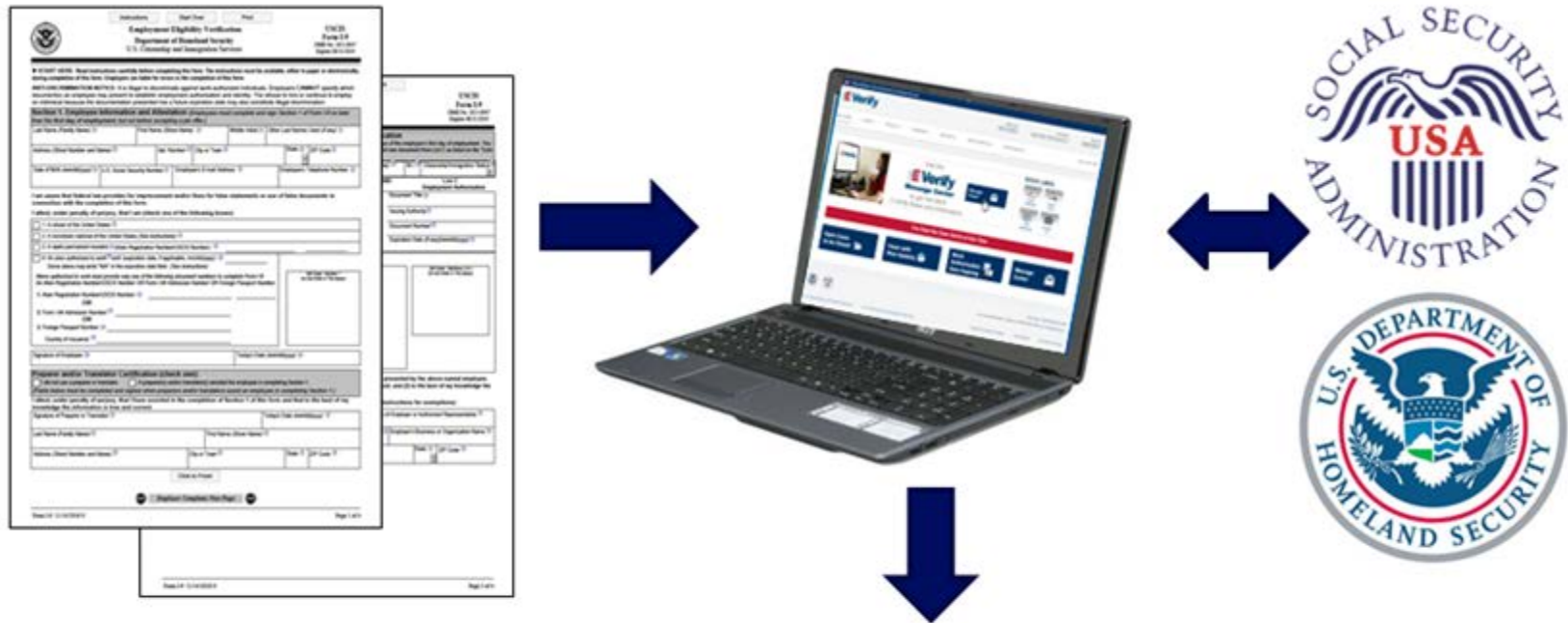


State E-Verify Requirements




Enacted legislation requiring mandatory use of E-Verify that may include most employers, various public entities / contractors

Form I-9 & E-Verify Work Together



 Employment Authorized

 Tentative Nonconfirmation

 Verification in Process

Results after TNC

You should check E-Verify periodically for one of the following responses:

Employment Authorized

Review and Update Employee Data

Case in Continuance

DHS Verification in Process

DHS No Show

Final Nonconfirmation

Contact Us

Yu-Ting C. Adler

Management and Program Analyst

E-mail: yu-ting.c.adler@uscis.dhs.gov

Phone#: 213-248-0398

E-Verify received the highest rating for customer service of all federal agencies.

- Employer Hotline: (888) 464-4218
- Employee Hotline: (888) 897-7781
- Form I-9 E-Mail: I-9Central@uscis.dhs.gov
- E-Verify E-Mail: E-Verify@uscis.dhs.gov
- Form I-9 Website: www.uscis.gov/I-9Central
- E-Verify Website: www.dhs.gov/E-Verify



Available Monday-Friday 8:00 a.m.- 8:00 p.m. EST



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

PERSI
PAST – PRESENT – FUTURE
MAY 2018



Public Employee Retirement System of Idaho

WELCOME!



Don Drum
PERSI Executive Director
208-287-9230
1-800-451-8228 ext. 230
don.drum@persi.idaho.gov

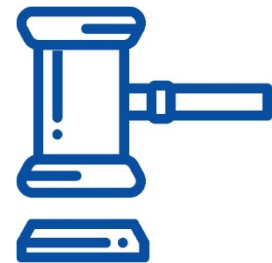
PERSI IN THE BEGINNING

- **Created by the Legislature in 1963, funding effective as of July 1, 1965**
- **Starting Membership: 5,404 active members**
- **Beginning Assets: \$324,794**
- **238 Retirees started receiving benefits in January 1966 totaling \$24,658**



IDAHO CODE GOVERNS PERSI

- **Idaho Code is relatively conservative**
- **Plan Sponsor: Legislature makes benefit changes**
- **Plan Administrator: Retirement Board makes funding decisions**
- **Idaho Code provides decision-makers time to consider issues**



RETIREMENT MULTIPLIER HISTORY

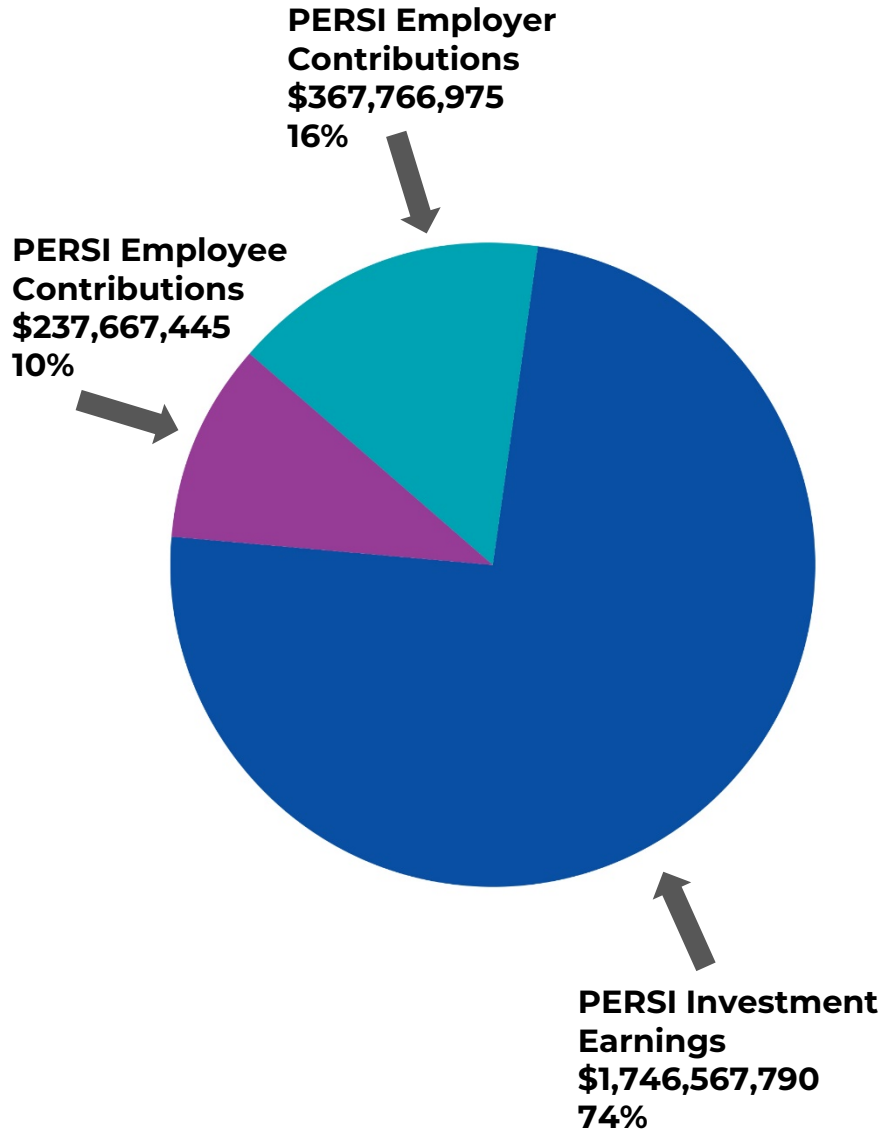
MULTIPLIER	GENERAL	POLICE/FIRE
July 1, 2000 to Current	2.00%	2.30%
October 1, 1994 to June 30, 2000	1.92%	2.23%
October 1, 1993 to September 30, 1994	1.83%	2.15%
October 1, 1992 to September 30, 1993	1.75%	2.08%
Up to September 30, 1992	1.67%	2.00%

HOW PERSI FUNDING WORKS

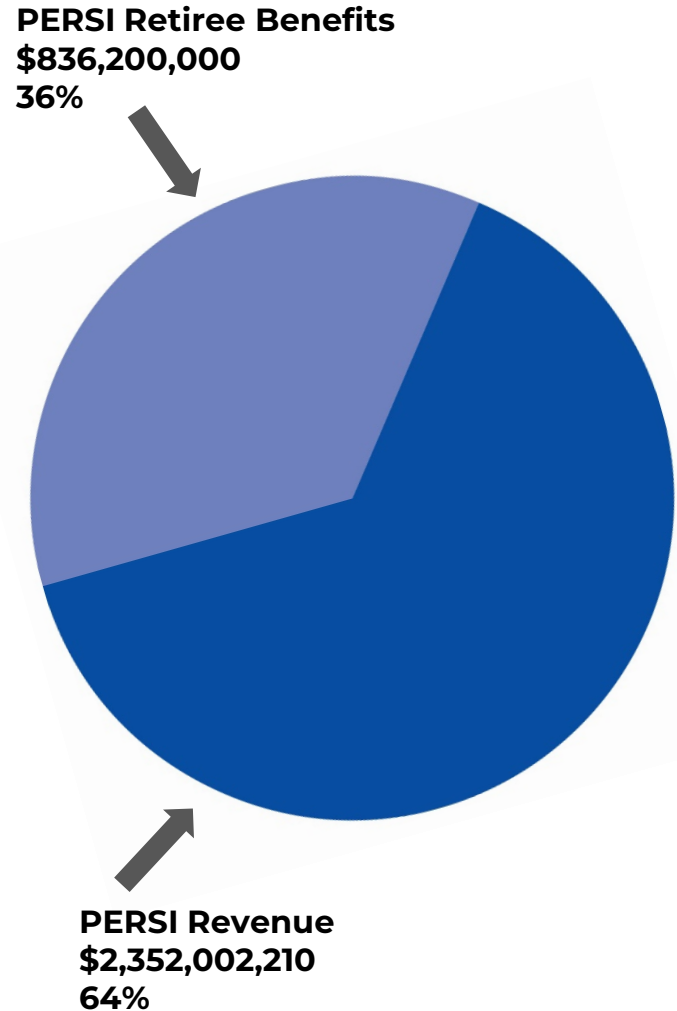


PERSI FISCAL YEAR 2017

SOURCES OF REVENUE



BENEFITS PAID OUT



PERSI MEMBERS

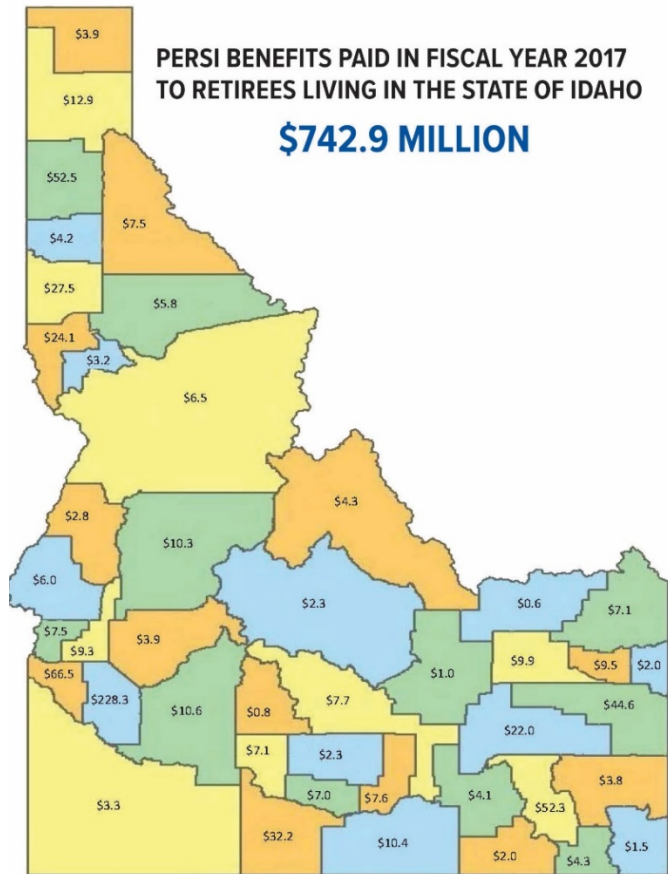
Fiscal Year End	Employer	Active	Retirees	% Increase of Retirees
2017	783	70,073	45,468	20% since 2012
2012	752	65,270	37,150	25% since 2007
2007	701	65,800	29,619	44% since 1997
1997	617	57,237	20,499	



RETIREES & PAYROLL CONTINUE TO GROW

FISCAL YEAR END	RETIREES & ANNUITANTS	PAYROLL TO RETIREES
2017	45,468	\$836 M
2016	44,181	\$793 M
2015	42,657	\$754 M
2014	40,776	\$695 M
2013	38,947	\$651 M
2012	37,150	\$611 M
2011	35,334	\$568 M
2010	33,625	\$526 M

PERSI RETIREE SNAPSHOT 2017



Number of Retirees – **45,468**

Annual Retiree Payroll – **\$836.2**

Paid to retirees with Idaho addresses –
\$742.9 million

Average Monthly Benefit – **\$1,532**

Average Years of Service – **19.8**

Average Age at Retirement – **61.8**

Teachers – **61.2**

General Members – **62.8**

Public Safety Officers – **57.2**

INVESTMENT REPORT

AS OF MAY 7, 2018

PERSI INVESTMENT REPORT

Month to Date Report

May 7, 2018

CURRENT VALUE OF THE FUND	\$	17,477,092,247
FISCAL YEAR NET CHANGE IN ASSETS	\$	1,093,492,847
FISCAL YEAR TO DATE RETURNS		8.5%
MONTH TO DATE RETURNS		0.2%

CONTRIBUTION RATES

	PUBLIC SAFETY		GENERAL MEMBER	
YEAR	EMPLOYER(%)	EMPLOYEE(%)	EMPLOYER (%)	EMPLOYEE(%)
2013-2018	11.66	8.36	11.32	6.79
2004-2012	10.73	7.65	10.39	6.23
1997-2003	10.01	7.21	9.77	5.86
1994-1996	11.85	8.53	11.61	6.97
1994-1996	11.85	8.53	11.61	6.97

SUSTAINABILITY?

- **PERSI is currently meeting benefit needs**
 - **Workforce is changing:**
 - **Younger Members faced with more debt than previous generations**
 - **Older Members working longer**
 - **Nationwide, State Pension Systems are confronting fundability and exploring solutions; rates, reductions, rule changes...**
-

OTHER SYSTEMS MODIFICATIONS

► SOUTH DAKOTA

- **Modified COLA for present and future recipients**
- **Rules change for employees returning to work**
- **Tiers developed; Foundation and Generational**
- **Changes to retirement age, multipliers, final average compensation**

► UTAH

- **Newer members (since 1/11) given choice of a combined DB/DC with reduced benefits or a DC plan with employers contributing 10%**
 - **Member in combined plan to pay entire cost of DB pensions exceeding fixed 10% employer contribution**
 - **In the combination plan, employees assume all funding risk above the 10% employer contribution**
 - **Members hired after 7/1/2011 have a 1.5% multiplier, hired before 7/1/2011 have a 2% multiplier**
 - **Tier will determine COLA given; 2.5 or 4%**
-

OTHER SYSTEMS MODIFICATIONS

➤ NEBRASKA

- Longer period for calculating final average salary from 3 years to 5 years
- Reduced maximum COLA; 2.5% to 1%

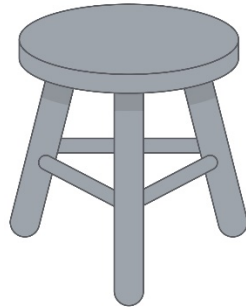
➤ WEST VIRGINIA

- Changed from a DB plan to a DC plan, then returned to a DB plan. Did not help the problem of underfunding, in fact, increased pension plan costs
 - Workers in the DC plan face increased levels of retirement insecurity
 - Employee contributions higher if hired after 7/1/15
 - Reduction in benefits for new employees
 - Modified requirements for purchase of additional service
-

FUTURE...MODIFICATIONS?

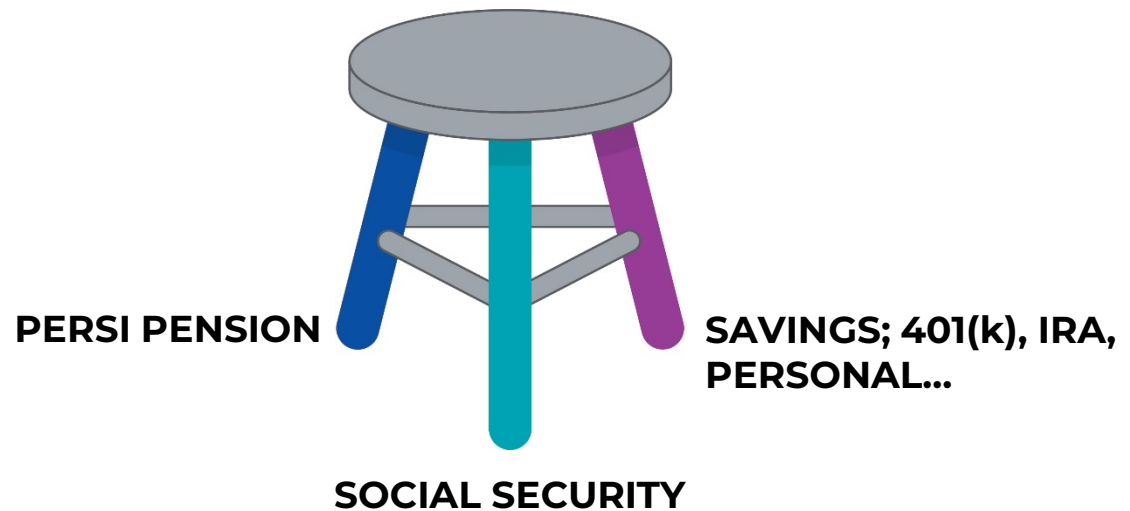
- **Contribution Rate Increase; Employer & Employee**
 - **Reduction in Retirement Benefit**
 - **Rule Change; Work Longer**
 - **Longer vesting period**
 - **Reduce COLA, cancel COLA**
 - **Tiers**
-

PERSI WON'T BE ENOUGH, YOU WILL NEED...



A STRONG, “THREE-LEGGED STOOL”

- PERSI PENSION
- SOCIAL SECURITY
- SAVINGS; 401(k), IRA, PERSONAL...



QUESTIONS & ANSWERS



THANK YOU!

For attending and taking time
to learn more about PERSI.



www.persi.idaho.gov



Benefits At A Glance

For the plan year that runs July 1, 2018 - June 30, 2019 (FY2019)

The State of Idaho is pleased to offer a comprehensive benefits package for employees of state agencies, political subdivisions, universities and colleges which includes medical and dental insurance; as well as life insurance, disability coverage and flexible spending accounts.

Benefits are an important component of Total Compensation along with salary and retirement. We encourage employees to explore and understand the benefits available to them in order to make the best decisions to meet their insurance needs.

This is only an overview of the benefits program administered by the State's Office of Group Insurance (OGI). For detailed benefits, plan coverage, eligibility, premiums and more, visit:

<https://ogi.idaho.gov>



Consult your agency's human resource office or the Office of Group Insurance for enrollment periods applicable to benefits summarized below.

MEDICAL INSURANCE: Options include Blue Cross of Idaho Preferred Provider (PPO), Traditional or High Deductible plans. Each medical plan provides comprehensive coverage with different levels of out-of-pocket expenses and premium contribution rates. The Blue Cross of Idaho member portal gives participants access to a cost transparency tool (CostAdvisor), wellness resources (WellConnected), telehealth services (MDLive), identity theft protection (AllClearID), searchable prescription formulary (CVS Caremark Rx) and a searchable database of network providers.

No enrollment waiting periods for medical insurance for benefit eligible employees. The agency and the employee share the cost of premiums. The employee's share of medical premium is based on the plan type and number of people they enroll for coverage. A detailed Summary of Benefits & Coverage (SBC) for each plan type as well as full plan contracts and premium rates are available on the Office of Group Insurance website. Employees may also choose to decline benefits.

VISION BENEFIT: Each medical plan includes a Vision Benefit. Blue Cross of Idaho contracts with VSP (Vision Service Plan) to administer this benefit. Participants can choose a VSP network vision care provider or non-network provider; the benefit is the same, the difference is in the method in which claims are submitted.

DENTAL INSURANCE: When an employee enrolls in a medical plan, they are required to enroll for at least self-only dental coverage. Employees can continue with self-only coverage, regardless of the number of dependents on their medical plan, or they can elect family dental coverage. Premiums are based on the number of people enrolled on the employee's plan. Premiums are posted on the Office of Group Insurance website.

PREMIUM ONLY PLAN: A tax-advantaged program where employees can elect to have medical and dental premiums deducted on a pre-tax basis, before federal or state income tax or FICA taxes are withheld.

EMPLOYEE ASSISTANCE PROGRAM (EAP): All benefit eligible employees and their dependents have access to confidential, short-term counseling to help them handle concerns constructively, before they become major issues. The EAP includes up to five (5) visits per person per plan year with no copayment required.

FLEXIBLE SPENDING ACCOUNTS: Health Care Flexible Spending Accounts (HCFA) and/or Day Care Flexible Spending Accounts (DCFA) allow employees to use pre-tax dollars to pay for expenses not covered by health insurance (i.e. copayments, deductibles, prescriptions) and/or dependent care expenses. Employees do not have to enroll in any other health benefit plan to participate in flexible spending.

New employees, or those with a qualified life event specific to the Day Care FSA, have 30 days from date of hire to enroll, or you must wait until the next open enrollment period. Enrollment for flex accounts is done on an annual basis and does not carry over from year-to-year.

BASIC LIFE INSURANCE: Life insurance is provided by the agency at no cost to the employee. The agency's human resource office will provide employees with the Principal Life Insurance Enrollment/Beneficiary Designation form.

ACCIDENTAL DEATH & DISMEMBERMENT: Included in the Basic Life Insurance policy, no special enrollment is required. AD&D provides a percentage of annual salary for certain serious physical losses, including loss of life, due to a covered accident.

SHORT & LONG TERM DISABILITY: Disability coverage is included in the Basic Life policy, no special enrollment is required. When an employee is unable to work because of an illness (including pregnancy) or injury, the employee may be eligible for disability benefits. Disability benefits can provide a source of continuing income and/or continued access to group insurance coverages for a period of time. Disability benefit amounts may be directly reduced by other sources of income.

VOLUNTARY TERM LIFE (VTL) INSURANCE: Employees may purchase additional term life insurance up to 3x their annual salary as well as additional spouse and dependent coverage. New employees who elect coverage will need to check the appropriate box on the Principal Life Insurance Enrollment/Beneficiary Designation form **AND** complete a Voluntary Term Life enrollment form within 30 days of hire. The agency human resource office will then calculate the appropriate premium deduction. Employees can apply for VTL coverage at anytime; those without a qualifying life event who apply after the 30-day initial enrollment period must provide proof of insurability before enrollment can be evaluated.

STATE POLICE OPTIONAL LIFE: Purchase of this additional coverage is available only to police office members of the Idaho State Police, as defined in I.C. 59-1303(3). The agency and employee share the cost of the premiums. The agency human resource office will provide the Principal Life Insurance Enrollment/Beneficiary Designation form.

Office of Group Insurance

650 W. State Street, Room 145

P. O. Box 83720

Boise, ID 83720-0035

Phone: (208) 332-1860 or (800) 531-0597

Fax: (208) 332-1888 Email: ogi@adm.idaho.gov

Website: <https://ogi.idaho.gov>

The ADA Interactive Process and its Relationship with FMLA

DHR Spring Forum
May 22, 2018
2:30 p.m. — 3:30 p.m.

Presented by:

Colleen Zahn,
Deputy Attorney General
Civil Litigation Division

Overview

- When does the ADA interactive process apply?
- What does the interactive process require?
- When does the FMLA apply?
- Unpaid Leave as an accommodation
- Is this an ADA issue, a FMLA issue, or both?

The Americans with Disabilities
Act
(ADA)

What is the ADA?

- First enacted 1990
 - Title I – Employment (Our Focus Today)
 - Title II – States and Local Governments
 - Title III – Public Accommodations
- ADA Amendments Act – January 1, 2009
- Congressional Intent with Amendments was to expand coverage
- Idaho equivalent – Idaho Human Rights Act

Who is Covered?

- Title I prohibits discrimination in employment against a qualified individual with a disability
- Applies to everyone in the workplace – new employees, part-time, full-time, temporary and contract workers
- Applies pre- and post-employment
- Also places limits on medical inquiries, including physical qualification tests and Fit for Duty Exams

Reasonable Accommodation Obligations

- The ADA defines disability discrimination to include the failure to make reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee
 - Exception: unless the accommodation would constitute an undue hardship, or the employee is a direct threat to himself or others

EEOC's Definition of Reasonable Accommodation

- Modifications or adjustments that enable a qualified applicant to be considered for position
- Modifications or adjustments to work environment, or to manner or circumstances under which position customarily performed, that enable qualified individual to perform essential functions
- Modifications or adjustments that enable qualified individual to enjoy equal benefits and privileges of employment as are enjoyed by similarly situated employees without disabilities

EEOC Examples of Reasonable Accommodations

- Physical changes to facilities
- Job restructuring, including:
 - modification of workplace policies
 - part-time and flex schedules
 - elimination of shift work
- Leave of absence, even if exceeds time period available under agency policy
- Adjustment/modification of exams or training materials

EEOC Accommodations (Cont'd)

- Acquisition or modification of equipment or devices enabling employee to perform position
- Provision of qualified readers or interpreters
- Telecommuting
- Additional breaks
- Accommodation of Last Resort: Reassignment to vacant position

Reasonable Accommodations

Do Not Include:

- Removal or alteration of essential functions
- Lowering of production or performance standards
- Excusing violations of conduct rules that are necessary for operation of business

The Interactive Process

- Once employee requests reasonable accommodation or need for accommodation becomes obvious, employer must engage in interactive process to determine appropriate accommodation
- In the Ninth Circuit, the failure to engage in the interactive process is a violation of the ADA

Requirements of Interactive Process

1. Direct communication between employer and employee to explore in good faith possible accommodations,
2. Consideration of employee's requested accommodation, and
3. Offering an accommodation that is reasonable and effective.
 - Do not have to provide requested accommodation
 - May require employer to go out and investigate other options

Duty to Accommodate Is a Continuing Duty

- Must engage in another interactive process if:
 - Employee requests a different accommodation
 - Become aware previously provided accommodation is not effective/no longer effective
- If you become aware employee is continuing to experience performance issues, you need to consider reopening interactive process or inquiring about reason for issues

Undue Hardship

- Must accommodate unless it would be an undue hardship
- Undue hardship is a high standard to meet
- Case by case inquiry
- Generalized statements of hardship are insufficient
 - Identify specific impacts

Undue Hardship Elements

- Must present significant difficulty or expense
 - Financial difficulty
 - Unduly extensive, substantial or disruptive
 - Fundamentally alter the nature or operation of business
- Must consider all sources of funding
- Focus is on net cost to employer
- Cannot be based on negative impact on morale
 - But can rely on significant disruption to operations

Undue Hardship Factors to Consider

- Nature and cost of accommodation
- Overall financial resources of work location
- Overall financial resources of entire company
- Type of business operation
- Impact of accommodation on work location

Common Mistakes to Avoid During the Interactive Process

1. Ceasing the process because employer cannot think of a reasonable accommodation that will allow the employee to perform the essential functions
 - Consult other sources
 - Reassignment is last resort
2. Not documenting undue hardship
 - Focusing on general hardship rather than specifics
3. Providing medical information to supervisors

Mistakes to Avoid (Cont'd)

4. Failing to consider other laws

-Work Comp, FMLA

5. Dismissing request because unreasonable

-Still must explore/investigate other options

6. Eliminating essential functions

-Can temporarily modify for light duty, but make clear that it is a temporary modification and reasons why

Mistakes to Avoid (Cont'd)

7. Not seeking medical input
8. Considering only those accommodations suggested by employee and failing to explore other alternatives
9. Failing to loop back with the employee and medical provider if the requested accommodation will not work
10. Failing to document why accommodation denied

The Family Medical
Leave Act
(FMLA)

FMLA Medical Leave Non-Military Entitlement

- Up to 12 weeks unpaid leave for:
 - Incapacity due to pregnancy, prenatal medical care or child birth;
 - Child bonding;
 - To care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
 - Includes "in loco parentis" status
 - For own serious health condition that makes the employee unable to perform the employee's job

Intermittent vs. Continuous Leave

- An employee need not use the leave entitlement in one block
- Leave may be taken intermittently or on a reduced leave schedule when medically necessary
- Leave to bond with a new child may not be taken on intermittent basis unless otherwise approved by the employer

Notice Requirements

- Multiple written notices with specific deadlines
- Technical violations can occur quickly
- Notice requirements start when you become aware employee may need leave for FMLA-qualifying reason
 - Must give Notice of Rights and Responsibilities and Eligibility within 5 business days

Unpaid Leave as an Accommodation

- Employees may qualify for FMLA leave but not want to use it
- Employees must be permitted to exhaust accrued leaves
- When the employee exhausts accrued leaves, look to FMLA or ADA accommodation
 - If an employee cannot return to work after exhausting FMLA and accrued leaves, ask about an accommodation

Unpaid Leave Pursuant to FMLA

- FMLA provides unique protections to employees, which include but are not necessarily limited to:
 - If doctor certifies, leave is granted
 - Employee may need to coordinate with employer on scheduling leave
 - Job protection
 - Continuation of health benefits while on leave

Unpaid Leave as a Reasonable Accommodation

- ADA approaches unpaid leave differently than the FMLA
- Employee and employer must engage in interactive process to determine if leave is reasonable accommodation
 - Requires medical input and dialogue with employee
 - Can be denied for undue hardship
 - No permanent leave entitlement or job protection

Where Does the Medical Layoff Rule Fit Into This?

■ DHR Rule 241.02 states:

If the employee becomes disabled, whether or not due to a workers compensation injury, and is unable to fully return to work after twelve (12) weeks' absence during any consecutive fifty-two (52) week period or when accrued sick leave has been exhausted, whichever is longer, the employee's position may be declared vacant **unless otherwise prohibited by state or federal law**. The twelve (12) weeks' period of absence need not occur consecutively. The employee's name is certified to a reemployment preference register when the administrator is notified by the physician that the employee is able to return to work. (Ref. Rule 101.01) Conditional releases will be considered in accordance with the Americans with Disabilities Act.

Where Does the Medical Layoff Rule Fit Into This?

- Medical layoff only applies after the FMLA and ADA have been satisfied
- If the employee wants requests an accommodation of unpaid leave:
 - Engage in the interactive process
 - As part of the process, evaluate the undue hardship to the agency
 - If it's an undue hardship, explore other options and dialogue with the employee and provider

What happens if the employer just lays the employee off ?

- Addressing disability discrimination in the form of inflexible leave policies that discriminate against individuals with disabilities is one of the six national priorities identified by the EEOC's Strategic Enforcement Plan.

What happens if an employer just lays the employee off?

- 8/8/17 – UPS pays \$2 million to 90 current and former employees due in part to inflexible leave policy, whereby it fired employees automatically when they exhausted 12 months of leave
- 9/7/17 – EEOC sues Blood Bank of Hawaii for firing employees who required additional leave time for the disabilities beyond the 12 weeks granted by the FMLA

What happens if an employer just lays the employee off?

- 9/13/17 – Medical Center pays \$100,000 to settle EEOC action brought on behalf of nurse after employer denied her request for additional leave and conducted no interactive process
- 9/14/17 – EEOC sues Wynn Las Vegas for denying medical leave to employee who was not yet eligible for FMLA and requested 6-8 weeks off for cancer treatment and then firing her when she was receiving treatment

What happens if an employer just lays the employee off?

- 9/21/17 – EEOC sues Rivers Casino for denying employee's request for additional leave for cancer treatment and fired him when he did not return to work

Is it FMLA, ADA, or both?

- If the employee needs time off, begin with FMLA
- Only after the employee exhausts FMLA and accrued leaves do you turn to ADA
- If the employee needs some accommodation in addition to leave, look to both FMLA and ADA
 - FMLA for leave request
 - ADA for other accommodations

Thanks for your Attention!

Any Questions?