

# Accommodation Advisor Packet— Home Office

## Accommodation Advisor Instruction Sheet

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Dear People Manager/HR Manager and/or salaried member of management:

At Walmart, every associate and job applicant has full access to equal employment opportunities. We will provide associates who have a *disability* with *reasonable accommodations* to enable them to perform the essential functions of their jobs, seek new jobs within Walmart, and enjoy the benefits of employment. Walmart will also provide *reasonable accommodations* during the hiring process to job applicants with a *disability*.

This document provides a summary of the Management Guidelines and directives for responding to associate requests for job assistance per the **Accommodation in Employment (Medical-Related) Policy**.

**IMPORTANT NOTIFICATION:** If the associate’s request for job assistance is accompanied by a note from the associate’s health care provider that indicates the associate cannot perform an essential function of their job, or if the associate specifically indicates they cannot perform an essential function of their job, **do not immediately place the associate on Leave of Absence (LOA)**. If the associate is unable to perform the essential job functions, you should determine if there is an open posted vacant job in your facility the associate can safely perform during the request process. **The associate may be placed on LOA if there is no such open vacant position in your facility.** Contact the Accommodation Service Center (ASC) at [855-489-1600](tel:855-489-1600) for further assistance.

## California Notice: Pregnancy, Childbirth, Breastfeeding, or Related Medical Conditions

You must give an associate a copy of the California notice “Your Rights and Obligations as a Pregnant Employee” as soon as either of the following occurs: 1) The associate informs you that she is pregnant; 2) The associate inquires about reasonable accommodation, transfer, or pregnancy disability leave. In addition, the “Breastfeeding Mothers’ Support Policy – California” should be provided to an associate when s/he makes a parental or pregnancy leave inquiry.

## Accommodation Advisor Review Process

**STEP 1: Interactive Discussion Required**—It is important that you engage in an interactive process to obtain information that will assist the company in better understanding the associate’s accommodation needs. Walmart welcomes your accommodation suggestions. Interactive discussions should be ongoing and include answering the associate’s questions whenever possible. Associates can always be directed back to ASC.

**STEP 2: Identifying a Request for Job Assistance**—An associate may request job assistance in a variety of ways. They may make the request directly, or a family member, friend, job coach, health professional, or other person may make a request on an associate’s behalf. The request may be made verbally or in writing. The request does not have to include the words “reasonable” or “accommodation.” The need for accommodation assistance must relate to the associate’s medical condition.

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## Accommodation Advisor Review Process (Continued)

**STEP 3: Job Adjustment (JA) Review and Approval**—Any request for accommodation should first be reviewed as a job adjustment [refer to the Accommodation in Employment (Medical-Related) Management Guidelines]. JAs can be approved by a People Manager/HR Manager and/or salaried member of management if the JA is easily achievable and will not negatively impact operations. The determination should be based on the specific facts and circumstances involved. *This type of accommodation does not include creating a job, removing or reducing an essential function of the job, transferring a portion of a job to another associate, light duty, temporary alternative duty, or reassignment.* If a JA is approved, complete the attached JA Approval Form to document the approval. If the approval has a specific time limit or other condition of use, this should also be noted on the JA Approval Form. *Every effort must be made to provide the approved JA as promptly as possible.*

Request the associate to sign the approval form. *You may provide a copy to the associate for their records.* The form along with any supporting documentation should be placed in the associate's medical file or can be faxed to Sedgwick at [859-280-3264](tel:859-280-3264) or attached as an email to [Walmartforms@sedgwicksir.com](mailto:Walmartforms@sedgwicksir.com).

[NOTE: Some requests such as ergonomic equipment, or where approval of an accommodation is otherwise allowed (e.g., Home Office Flexibility Guidelines, Home Office Expectant Mother Parking), can continue to be approved outside the Job Adjustment process.]

**STEP 4: Requests that Cannot be Approved as JA's**—If you are unable to approve the request as a JA, *direct the associate to contact the Accommodation Service Center at Sedgwick by calling [855-489-1600](tel:855-489-1600) Monday–Friday, 8 a.m.–5 p.m. Central time.* Please make arrangements with the associate to make the call during their normal work hours and in a private area. The associate should have their WIN available. *If the associate will not make the call, you should make the call on their behalf.*

**STEP 5: Claim Notification and Assistance**—Management and the Human Resources Representative will be sent email notification of the accommodation request. The notification will summarize the type of accommodation requested. The medical packet will be attached to the notification. *All completed forms and supporting documents should be faxed to [859-280-3264](tel:859-280-3264) or attached as an email to [Walmartforms@sedgwicksir.com](mailto:Walmartforms@sedgwicksir.com).* ASC will work closely with management and/or the Human Resources Representative to facilitate a quick resolution upon receipt of completed documents.

**STEP 6: Known and Observable Conditions/Restrictions**—A completed Medical Questionnaire may not be necessary if the associate's limitations and/or disability are known or easily observable (e.g., associate is in a wheelchair, utilizing intermittent FMLA leave to attend dialysis treatment, etc.) or if they present other types of acceptable supporting medical documentation. If the condition is easily observable or known, use Question 2a of the Fax Coversheet to explain. Advise the associate that ASC may still request additional supporting medical documentation, if needed.

**STEP 7: Pre-Determination Notification and Final Determination**—ASC will send a Pre-determination letter to the Human Resources Representative. The Human Resources Representative will have two business days to comment on the recommended determination. If a timely response is not received, the determination may be finalized and communicated directly to the associate. You will be responsible for ensuring the determination is followed and assisting them if they wish to have the determination reconsidered.

## Fax Cover Sheet: Accommodation Request

Date: \_\_\_\_\_ Total # of pages (including cover page): \_\_\_\_\_

To: **ACCOMMODATION SERVICE CENTER (ASC) FAX #: 859-280-3264 or Walmartforms@sedgwicksir.com**

From: \_\_\_\_\_  
Sender's Name and Job Title (Please Print)      Sender Phone #      Facility #/State

Re: \_\_\_\_\_  
Associate Name and WIN      Associate Job Title      Job Code

**Transmittal Information** (please check appropriate box):

- New Accommodation Request Packet/Forms (if checked, please complete the Facility Observations Section)  
 New/Additional Medical Documentation     Request for Reconsideration     Other \_\_\_\_\_

**Instructions: People Manager/HR Manager and/or salaried member of management Facility Observations section must be completed if you are faxing a new accommodation request. Please refer to the Human Resources Representative Accommodation Instruction. If you have any questions, please contact the Accommodation Service Center (ASC) at [855-489-1600](tel:855-489-1600).**

### Facility Observations

1. Is the associate currently off work?  Yes  No
  - 1a. If Yes, check applicable box:  FMLA/Medical     Personal/Medical     Leave Pending Accommodation  
 Other \_\_\_\_\_
  - 1b. If Yes, please indicate the first date associate has been off work: \_\_\_\_\_
  - 1c. If Yes, what is the estimated Return to Work Date: \_\_\_\_\_
2. Is the associate's condition/limitation(s) easily observable or generally known?  Yes  No
  - 2a. If Yes, please explain: \_\_\_\_\_
3. Have you reviewed this request to determine it can be granted as a Job Adjustment (JA)?  Yes  No
  - 3a. If Yes, what was the outcome? \_\_\_\_\_
4. Is this request the result of a workers' compensation injury/claim?  Yes  No
  - 4a. If Yes, what was the Date of Injury? \_\_\_\_\_ ; 4b. Date of MMI (if known): \_\_\_\_\_
5. Has this associate been previously permitted to work in a modified manner/position?  Yes  No
  - 5a. If Yes, please explain (e.g., position worked, task modified, TAD Duty, duration of modification, etc.):  
\_\_\_\_\_
6. Have other associates been similarly accommodated at your facility?  Yes  No
  - 6a. If Yes, please explain: \_\_\_\_\_
7. **Interactive Discussion:** Please summarize your accommodation discussion (e.g., associate's suggestion on how they'd like to be accommodated, their improvement timeline, estimation as to their restriction(s) and ability to work).

CONFIDENTIALITY NOTICE: This fax may contain privileged and confidential information. It is intended for the named recipient(s) only. If you are not an intended recipient, please notify the sender immediately and delete this fax from your system.

## Job Adjustments Quick Reference Guide—Home Office

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### Accommodation in Employment (Medical-Related) Policy:

The company's Accommodation in Employment (Medical-Related) policy provides an opportunity for People Managers/HR Managers and/or salaried members of management to provide job adjustments (JA) to associates with medical condition(s) who may need assistance in performing their jobs.

People Managers/HR Managers and/or salaried members of management are responsible for processing these types of accommodation requests. Requests for JAs should be granted (subject to specific business needs and safety concerns) if:

- the associate provides appropriate medical documentation establishing the medical need;
- the accommodations are “easily achievable” (quick and easy, requires virtually no time or monetary output, etc.); and
- the accommodations will not negatively impact operations.

### Granting Home Office Job Adjustments

Job Adjustments are defined as requests for job assistance that are easily achievable and do not have a negative impact on the business. The determination should be based on the specific facts and circumstances involved. This type of accommodation does not include creating a job, removing or reducing an essential function of the job, transferring a portion of a job to another associate, light duty, temporary alternative duty, or reassignment.

[NOTE: Some requests such as ergonomic equipment, or where approval of an accommodation is otherwise allowed (e.g., Home Office Flexibility Guidelines, Expectant Mother Parking), can continue to be approved outside the Job Adjustment process.]

### Denying Home Office Job Adjustments

When an associate requests an accommodation that the designated People Manager/HR Manager and/or salaried member of management determines would cause a negative impact on operations or otherwise cannot be approved as a JA:

- Advise the associate to contact the Accommodation Service Center at Sedgwick by calling [855-489-1600](tel:855-489-1600) Monday–Friday, 8 a.m.–5 p.m. Central time. Please make arrangements with the associate to make the call during their normal work hours and in a private area. The associate should have their WIN available. Any additional medical documentation should be faxed to ASC at [859-280-3264](tel:859-280-3264). If the associate chooses not to make the call, management or the Human Resource Representative should make the call to complete the accommodation request process on their behalf as soon as possible.

### Approval

If a JA is approved, complete the attached JA Approval Form to document the approval. If the approval has a specific time limit or other condition of use, this should also be noted on the JA Approval Form. Every effort must be made to provide the approved JA as promptly as possible.

Request the associate to sign the approval form. You may provide a copy to the associate for their records. The form along with any supporting documentation should be placed in the associate's medical file or can be faxed to Sedgwick at [859-280-3264](tel:859-280-3264) or attached as an email to [Walmartforms@sedgwicksir.com](mailto:Walmartforms@sedgwicksir.com).

### Questions? Call [800-530-9929](tel:800-530-9929)

## Job Adjustments—Home Office Approval Form

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Dept. Number: \_\_\_\_\_ Associate WIN: \_\_\_\_\_

Associate Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

### Job Adjustment Approval

I approve the following JA:

Use the space below to document your decision and any JA discussion with your associate. Include the approval time period (if applicable), and any stipulations (e.g., style of sunglasses, color of shoes, etc.)

### After a JA is Granted

- The JA may be reconsidered due to changes in business conditions or if the associate transfers to another position or facility.
- The associate must continue to be able to perform essential functions and meet applicable performance and productivity standards.
- A JA granted for a temporary impairment is limited to the duration of the impairment.
- Place this form and any relevant documentation in the associate's Medical File and/or Fax this form and any relevant documentation to Sedgwick at [859-280-3264](tel:859-280-3264) or attached as an email to [Walmartforms@sedgwicksir.com](mailto:Walmartforms@sedgwicksir.com).
- If the JA is denied, it expires or is reconsidered due to changes in business conditions, advise the associate to call the Accommodation Service Center at [855-489-1600](tel:855-489-1600) to request an accommodation.
- Continue any current JA until final determination from ASC if associate desires continued utilization of JA.
- The associate may be provided a copy of this form.

### Questions? Call [800-530-9929](tel:800-530-9929)

Approved by (AA): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Associate's Signature: \_\_\_\_\_ WIN: \_\_\_\_\_ Date: \_\_\_\_\_