

# **ILLINOIS INDEPENDENT TAX TRIBUNAL**



James M. Conway  
Director

## **ILLINOIS INDEPENDENT TAX TRIBUNAL EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION PLAN (September 2019)**

# **SECTION**

# **ONE**

**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION  
PROGRAM CERTIFICATION**

AGENCY Illinois Independent Tax Tribunal

MAIN ADDRESS 160 N. LaSalle St. Room N-506 Chicago, Illinois 60601

TELEPHONE NUMBER: (312) 814-4291

TTY / NEXTALK: (866) 322-8834

WEBSITE: <https://www2.illinois.gov/sites/taxtribunal/Pages/default.aspx>

CHIEF EXECUTIVE OFFICER James Conway, Director

EEO/AA OFFICER Kristene Callanta, Chief Administrative Officer

ADA COORDINATOR Kristene Callanta, Chief Administrative Officer

This is to certify that the attached document represents the Equal Employment Opportunity/Affirmative Action Program of this agency.

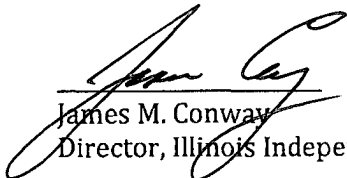
  
\_\_\_\_\_  
Chief Executive Officer Date 7/15/19

  
\_\_\_\_\_  
EEO/AA Officer Date 7/15/19

## **EEO/AA Statement of the Chief Executive Officer**

The Illinois Independent Tax Tribunal is committed to the following policies:

1. Agency decisions regarding recruitment, hiring, training, promotion, layoff and awarding of benefits must be made without regard to the following bases; including but not limited to race, color, religion, sex, sexual orientation, national origin, ancestry, citizenship status, disability, age, order of protection status, marital status, pregnancy, arrest record, military status, and unfavorable discharge from military service.
2. The agency will reasonably accommodate pregnant employees as required by the law (PA 98-1050; Illinois Human Rights Act 775 ICLS 5/1et.seq).
3. The Agency commits to undertaking affirmative action to correct the underutilization of minorities and females in all levels of employment.
4. The Agency commits to implementing sexual harassment and other harassment policies and programs.
5. The Agency commits to undertaking affirmative action to increase the number of persons with disabilities in the agency as a whole.
6. The support and commitment is expected of all executive, managerial, and supervisory staff in implementing the agency affirmative action plan.
7. Any employee who files a complaint will be safe from retaliation.

  
James M. Conway  
Director, Illinois Independent Tax Tribunal

  
Date

## **Agency Profile**

The Illinois Independent Tax Tribunal fosters the resolution of tax disputes and provides a forum for fair, impartial and prompt hearings when litigation is necessary. The agency allows tax payers to protest an adverse Department of Revenue assessment before having to pay taxes, penalties and interest, which, removes the potential of financial hardship previously associated with Illinois tax appeals.

The Illinois Independent Tax Tribunal is an administrative law court. It holds hearings and conferences between Petitioners and/or their attorneys and Department of Revenue attorneys. Matters are heard telephonically or in person at the Tribunal's offices. Currently, the Tribunal has two judges, both of whom were appointed by the Governor, and a Chief Administrative Officer as its three full-time employees.

## **Equal Employment Opportunity/Affirmative Action Officer**

The EEO/AA Officer is the Chief Administrative Officer, Kristene Callanta. Her contact information is:

Illinois Independent Tax Tribunal  
160 N. LaSalle St., Room N-506  
Chicago, Illinois 60601  
(312)814-4285  
[Kristene.Callanta@Illinois.gov](mailto:Kristene.Callanta@Illinois.gov)

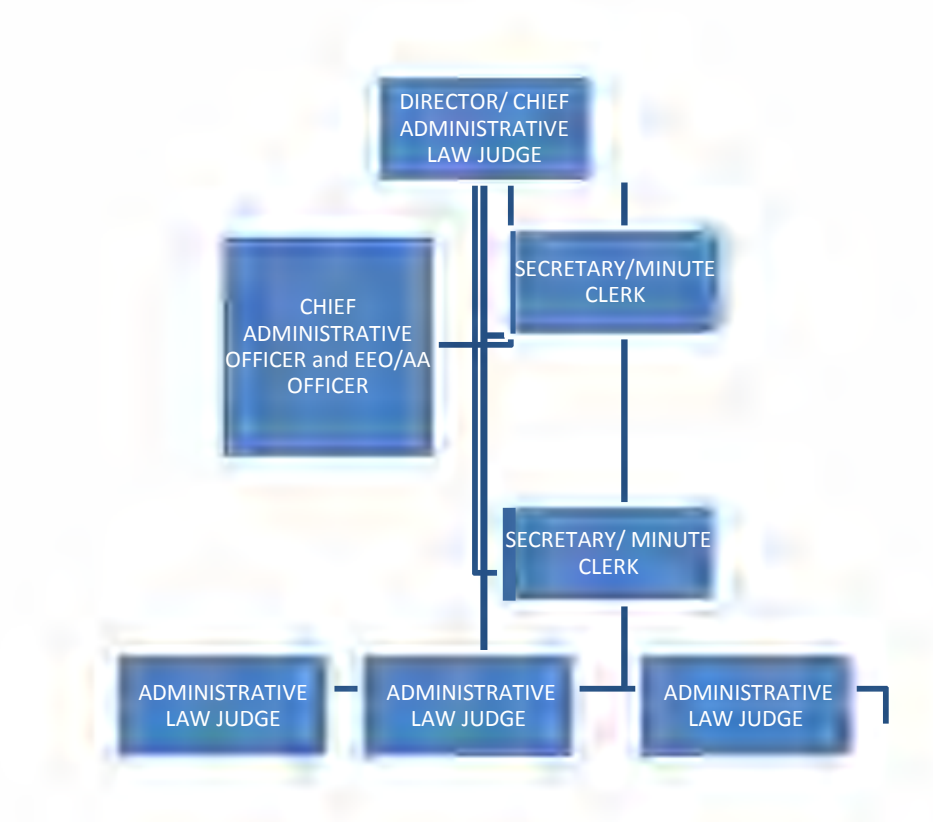
The Agency has a single location, and no other EEO/AA Officers.

The duties of the EEO/AA Officer are as follows:

1. To develop the agency's affirmative action plan, goals and objectives;
2. To assist in identifying and solving EEO problems;
3. To design and implement internal audits and reporting systems for measuring the effectiveness of agency programs indicating need for remedial action, and determining the degree to which the agency's goals and objectives have been attained;
4. To serve as liaison between the agency and EEO enforcement authorities;
5. To serve as liaison between the agency, minorities, women and disability organizations;
6. To inform management of developments in the EEO field;
7. To assist in the evaluation of employees and job applicants so that minorities, women and disabled persons are given equal employment opportunity;
8. To regularly confer with managers, supervisors and employees to assure that the agency's EEO policies are observed;
9. To advise managers and supervisors if employment practices comply with the Act;
10. To report to the Department all internal and external complaints of discrimination against the agency;
11. To assist in the investigation of internal and external complaints of discrimination as specified in Section 2520.790 (a & b) of these regulations;
12. At the request of the agency's Chief Executive Officer, to direct agency staff in taking appropriate action to correct discriminatory practices identified by the Department and report to the Chief Executive Officer on the progress of actions taken;
13. In conjunction with the filing of quarterly reports, to submit recommendations to the Chief Executive Officer and the Department for improvements to the agency's Affirmative Action Plan;
14. To immediately notify the Chief Executive Officer and the Department when unable to resolve employment practices or conditions which have or tend to have disparate impact on minorities, women, or the disabled;
15. If the agency is in noncompliance, as described in § 2520.795(c)(2)(3) of the Department's Rules, to work with Central Management Services to develop programs for the preparation and promotion of the affirmative action group in question.
16. Reporting on and/or analyzing layoff reports [2520.770 (f)], reorganization reports [2520.770 (g)], hiring and promotion monitors [2520.770 (h)], and exit questionnaires [2520.770 (i)];

17. Evaluating tests, employment policies and practices and reporting to the agency director any such policies, practices and evaluation mechanisms that have adverse impact on minorities, women, and the disabled. The agency EEO Officer will also assist in the recruitment of minorities, women and people with disabilities;
18. Provide counseling for any aggrieved employee or applicant for employment who believes that he or she has been discriminated against because of including but not limited to race, color, religion, sex, sexual orientation, national origin/ancestry, age, order of protection status, marital status, arrest record, military status, including veteran status, unfavorable discharge from military service, citizenship status, and disability.
19. Review layoff plans for adverse impacts on minorities, women, and the disabled;
20. Fill out Department of Human Rights Hiring Monitor and Promotion Monitor documentation;
21. Analyze and report on exit questionnaires.

## Agency Organization Chart and EEO/AA Organization Chart:



Currently, 2 administrative law judge positions and the 2 secretary/minute clerk position are unfilled.



## **Dissemination of the Plan and Policy**

The EEO/AA Plan and Policy will be disseminated as follows:

1. A copy will be e-mailed to all current employees and new employees as they are hired.
2. A hard copy will be kept in plain view in the Agency's office.
3. The Employee Handbook will be updated to reflect the availability of the Plan and Policy.
4. A copy of the Plan and Policy will be available on the Agency's website.
5. The Plan and Policy will be filed with the Illinois State Library.

# **SECTION TWO**

## **Workforce Analysis**

The Illinois Independent Tax Tribunal has three full-time employees. Thus, the Agency is not required to undertake availability analysis. However, the Agency reaffirms its commitment to diversity in the workplace and notes it has female and minority representation.

## Workforce Analysis by Region

Agency: Illinois Independent Tax Tribunal

Reporting Period: FY19Q4

Region: **1**

EEO Category	Grand Total	MALES								FEMALES								PERCENTAGES									
		Total	W	B/AA	H/L	A	AI/AN	NH OPI	D	Total	W	B/AA	H/L	A	AI/AN	NH OPI	D	M	F	W	B/AA	H/L	A	AI/AN	NHOPI	D	
Officials / Administrators	2	1	1							1				1				50.00%	50.00%	50.00%	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%	
Professionals	1	1	1							0								100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Technicians	0	0								0								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Protective Service	0	0								0								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Para-professionals	0	0								0								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Office / Clerical	0	0								0								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Skilled Craft	0	0								0								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Service / Maintenance	0	0								0								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
TOTAL	3	2	2	0	0	0	0	0	0	1	0	0	0	1	0	0	0	66.67%	33.33%	66.67%	0.00%	0.00%	33.33%	0.00%	0.00%	0.00%	

Grand Total Employees for Region 1:				Males: 2				Females: 1				Total Minorities: 1			
				66.67%				33.33%				33.33%			
White:	2	Black/African American:	0	Hispanic/Latino:	0	Asian:	1	AI/AN:	0	NHOPI:	0	Disabled:	0		
66.67%		0.00%		0.00%		33.33%		0.00%		0.00%		0.00%			

W=White B/AA=Black or African American H/L=Hispanic or Latino A=Asian AI/AN=American Indian or Alaskan Native NHOPI=Native Hawaiian or Other Pacific Islander D=Disabled

**Summary of Workforce Transactions Report  
by EEO Category**

Agency: Illinois Independent Tax Tribunal

Reporting Period: FY19Q4

EEO Category: GRAND TOTAL

Transaction	Grand Total	Total	MALES								FEMALES								PERCENTAGES											
			W	B/AA	H/L	A	AI AN	NH OPI	D	Total	W	B/AA	H/L	A	AI AN	NH OPI	D	M	F	W	B/AA	H/L	A	AI AN	NH OPI	D				
New Hires																														
Promotions																														
Intra-Agency Transfers																														
Suspensions																														
Separations																														
Discharges																														
Lay Off																														
Demotions																														
Reductions																														
Reinstatements																														
Reemployment																														
Upward Reallocations																														
Downward Reallocations																														

W=White   B/AA=Black or African American   H/L=Hispanic or Latino   A=Asian   AI/AN=American Indian or Alaskan Native   NH/OPI=Native Hawaiian or Other Pacific Islander   D=Disabled

# **SECTION THREE**

# PROGRAMMATIC GOALS

## AREA TO BE ADDRESSED:

### **Employee Awareness**

To achieve greater awareness and understanding of the EEO/AA goals and objectives of the Tribunal among staff.

## GOAL:

To promote added awareness, understanding and a stronger commitment to EEO/AA.

## OBJECTIVE:

To notify and educate staff on a regular basis of the Tribunal's goals of keeping employees aware of any updates regarding EEO/AA.

<u><b>ACTION</b></u>	<u><b>TARGET DATE</b></u>	<u><b>PROCEDURE</b></u>	<u><b>RESPONSIBILITY</b></u>
Notify staff of FY20 goals	September 1, 2019	Correspondence &/or Staff Meeting	EEO/AA Officer
Update staff on progress and EEO/AA activities	February 1, 2020	Correspondence	EEO/AA Officer

# **SECTION**

# **FOUR**



## Employee Complaint Procedure

### A. Policy

The Illinois Independent Tax Tribunal affirms its commitment to a policy of equal employment opportunity through the implementation of an EEO complaint investigation procedure to promote the internal resolution of employee complaints of alleged discrimination. It is the conviction of the agency that the establishment of this EEO complaint investigation procedure shall provide an internal avenue of redress to informally resolve complaints of alleged discrimination, reducing the backlog, delay, and expense of a prolonged formal investigation.

To that end, the EEO/AA Officer shall advise and support management in the investigation of complaints, documentation of facts, the presentation of findings, and recommendations to resolve the dispute. In the event of a conflict of interest, the EEO/AA officer shall seek a suitable replacement within the Agency.

The use of this internal EEO complaint investigation procedure does not preclude the rights of an employee to file a charge directly with the state (DHR) or the federal government (EEOC) or any other appropriate government agency. The filing of any complaint of alleged discrimination may not be used as a basis for future retaliation adversely affecting the rights of any employee.

### B. Procedures

The discrimination complaint form (attached) shall be used to clearly record the date, nature, and other pertinent information of the complaint of alleged discrimination submitted to the EEO/AA Officer for investigation.

#### 1. Scope and Timeliness

Unless of a continuing nature, all complaints must be received by the EEO/AA Officer in writing, within **30 days**, consistent with agency practice. The scope of the investigation shall be restricted to the specific allegations cited in the charge.

#### 2. Intake-Screening

Immediately upon receipt of the discrimination complaint form, the EEO/AA Officer shall review the form to determine the initial timeliness, validity and thoroughness of the information submitted in the complaint.

The EEO/AA Officer shall inform the employee in writing of the acceptance of the complaint for investigation within **10 days after the complaint is received by the EEO/AA Officer** consistent with agency practice. The complainant shall be promptly notified if further information or documentation is required to support the charge.

#### 3. Investigation

Within **20 days after the complaint is received by the EEO/AA Officer** consistent with the agency practice, the EEO/AA Officer shall initiate a thorough investigation of the allegation(s) of discrimination cited in the complaint. In order to document the merits of the charge, the investigation shall entail the verification of information with the immediate supervisors, staff and witnesses to the alleged discriminatory employment practice. The investigation shall be concluded within **30 days** after acceptance of the complaint.

#### 4. Withdrawal of the Complaint

The complaint, or any part of the allegation, may be withdrawn during the investigation upon a written request for withdrawal by the complainant.

#### 5. Settlement During Investigation

If a settlement is reached an agreement shall be obtained in writing with the approval of management before the complaint shall be considered closed.

#### 6. Dismissal of the Complaint

After an analysis of the complaint, if there is a lack of substantial evidence to indicate that discrimination has occurred, the complainant shall be notified of the findings in writing and informed of the right to appeal within **5 days after the investigation concludes**.

#### 7. Investigation Findings

At the conclusion of the investigation, if substantial evidence that discrimination may have occurred, the EEO/AA Officer shall submit a written notice to the Agency's Director with the findings and recommendations to resolve the complaint. Within **20 days after the Agency's Director receives the findings**, a conciliation meeting shall be initiated and the EEO/AA Officer shall participate to seek an equitable resolution of the complaint.

#### C. Conciliation Efforts

The EEO/AA Officer shall conduct and coordinate conciliation efforts by conferring with the parties in an attempt to secure a settlement. A conciliation conference may be convened, which all parties may attend in person or by representative, to propose, discuss, and agree to a resolution of the complaint.

If the complaint cannot be satisfactorily resolved at this level within a **reasonable amount of time not less than five business days after the conciliation conference**, the EEO/AA Officer shall document the efforts made to resolve the complaint and shall provide a written explanation of the reasons why the complaint was not able to be resolved.

The findings, conciliation efforts, and proposed settlement shall be forwarded to the CEO for the final review, approval or other determination. The CEO shall make known to the EEO/AA

Officer the official position of the agency within **15 days** of receipt of the EEO/AA Officer's written report.

The employee has the right to file with the Illinois Department of Human Rights (IDHR) or with the U. S. Equal Employment Opportunity Commission (EEOC) or any other appropriate government agency. The EEO Officer shall represent the agency in responding to any charges.

## **Illinois Department of Human Rights (IDHR)**

### **Chicago:**

James R. Thompson Center  
100 West Randolph Street, Suite 10-100  
Chicago, Illinois 60601  
1-312-814-6200  
TTY 1-866-740-3953

### **Springfield:**

535 W. Jefferson Street, First  
Floor Springfield, Illinois 62702  
1-217-785-5100  
TTY 1-866-740-3953

### **Marion:**

Marion Regional Office Building  
2309 W. Main Street, Suite 112  
Marion, Illinois 62959  
1-618-993-7463  
TTY 1-866-740-3953

To file with [IDHR](#), the complaint must be filed within 300 calendar days from date of harm.

IDHR administers the State of Illinois Sexual Harassment and Discrimination  
Helpline: Helpline: 1-877-236-7703 (Monday – Friday 8:30 to 5:00)  
Website: [www.illinois.gov/sexualharassment](http://www.illinois.gov/sexualharassment)

## **Equal Employment Opportunity Commission (EEOC)**

### **Chicago:**

JCK Federal Building  
230 South Dearborn Street  
Suite 1866 (Enforcement, State and Local & Hearings)  
Suite 2920 (Legal & ADR)  
Chicago, Illinois 60604  
312-872-9777  
Enforcement/File Disclosure Fax 312-558-1200  
[www.eeoc.gov](http://www.eeoc.gov)

### **St. Louis:**

1222 Spruce Street, Room 8-100  
St. Louis, Missouri 63103  
1-800-669-4000  
TTY: 1-800-669-6820

To file with the EEOC, the complaint must be filed within 300 days from date of harm.

Discrimination Complaint Form  
To: Agency EEO/AA Officer

**EXAMPLE**

\_\_\_\_\_  
Name of Agency

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Home Address \_\_\_\_\_

2. Are you currently employed by the agency? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Indicate your present job title, status, work unit, address, telephone number, and length of service in your current title:

Job Title	Status	Unit
Location	Phone Number	Length of Service in Classification

4. Date of the alleged discriminatory practice: \_\_\_\_\_

5. Basis of the alleged discriminatory practice:

\_\_\_\_ Race      \_\_\_\_ Color      \_\_\_\_ Sex      \_\_\_\_ Religion      \_\_\_\_ Age      \_\_\_\_ Disability  
\_\_\_\_ National Origin      \_\_\_\_ Ancestry      \_\_\_\_ Marital Status      \_\_\_\_ Military Status      \_\_\_\_ Pregnancy  
\_\_\_\_ Retaliation      \_\_\_\_ Sexual Orientation      Other \_\_\_\_\_

6. The discrimination occurred in connection with:

\_\_\_\_ Interview      \_\_\_\_ Hiring Selection      \_\_\_\_ Promotion      \_\_\_\_ Disciplinary Action  
\_\_\_\_ Compensation      \_\_\_\_ Transfer      \_\_\_\_ Lay Off      \_\_\_\_ Training Opportunity  
Other (specify) \_\_\_\_\_

7. The facts of the alleged discriminatory employment practice are:

\_\_\_\_\_  
(Continue on additional sheets, if necessary)

8. Name(s), Title(s), Work Location(s) and Telephone Number(s) who you believe discriminated against you.

Name	Title	Location	Phone Number
Name	Title	Location	Phone Number

9. Please supply evidence to document the basis for the discriminatory practice you are claiming, as indicated in your response to number five of the form.

I have attached supporting evidence: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe attachments:

\_\_\_\_\_  
(Continue on additional sheets, if necessary)

10. Have you made an effort to resolve the discrimination through your supervisors, the grievance procedure or with any public or private organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain indicating the outcome of the efforts:

\_\_\_\_\_  
(Continue on additional sheets, if necessary)

# **SECTION**


# **FIVE**

## REASONABLE ACCOMMODATION POLICY

In compliance with the U.S. Americans with Disabilities Act (ADA) of 1990, as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, and the Illinois Human Rights Act, it is the policy of the ILLINOIS INDEPENDENT TAX TRIBUNAL to reasonably accommodate the known physical or mental conditions of otherwise qualified applicants and employees with disabilities. The ILLINOIS INDEPENDENT TAX TRIBUNAL recognizes the right of a qualified applicant or employee with a disability to request a reasonable accommodation to ensure equal opportunity in the application process; to enable him or her to perform essential functions of a job; and/or to enable him or her to enjoy equal benefits and privileges of employment.

It is the responsibility of ILLINOIS INDEPENDENT TAX TRIBUNAL to provide a reasonable accommodation to qualified applicants and employees with disabilities, when such reasonable accommodation does not pose an undue hardship to the operation of the agency's business.

The agency Equal Employment Opportunity Officer and/or the Americans with Disabilities Act Coordinator can provide further information about the agency's policy in this area.

  
\_\_\_\_\_  
Chief Executive Officer

7/15/18  
\_\_\_\_\_  
Date

## **Physical Barriers**

The Illinois Independent Tax Tribunal currently has a single office in the Michael A. Bilandic Building ("MABB"). To the knowledge of the Agency, MABB is free of physical barriers to the extent required by law and/or is in the process of resolving any non-compliant physical barriers. The Agency further understands that MABB has building-wide procedures for evacuation of employees with disabilities.

To the extent that an employee becomes aware of any physical barriers, raises concerns regarding the evacuation plan, or has any questions regarding physical or procedural barriers, the employee may contact the EEO/AA Officer, who also serves as the ADA Coordinator.

## **Procedural Barriers**

With regard to hiring procedures for persons with disabilities, the Agency shall:

1. Review, on an ongoing basis, employment criteria and job descriptions to assure they have no adverse impact on employees with disabilities;
2. Not make inquiries regarding an applicant's disability during the interview process;
3. Not require or request a pre-employment medical examinations before an offer of employment and further not require or request a pre-employment medical examinations after an offer of employment, unless the post-offer and pre-employment examinations are job related and required of all applicants for that position.

At this time, no employee has requested assistance with physical barriers or evacuation. However, the Agency is committed to addressing all such requests made going forward. The Agency will monitor results of disability survey reports and will use the survey report results to ensure employee evacuation needs are met.

**Testing:** The agency utilizes the employment testing procedures of CMS.

### **ADA Coordinator**

Kristene Callanta  
Illinois Independent Tax Tribunal  
160 N. LaSalle Street Room N506  
Chicago, Illinois 60601  
(312)814-4285  
Kristene.Callanta@Illinois.gov

## Labor Force Analysis for People with Disabilities

Agency: Illinois Independent Tax Tribunal

Fiscal Year: 2020

Total Employees: 3

Percent of People with  
Disabilities in Illinois Labor  
Force: 4.94%

Labor Force Number: 0

Number of Employees with  
Disabilities in Agency: 0

Underutilization or Parity: P



## State of Illinois - Disability Hiring Survey

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

The purposes of this survey are to collect affirmative action statistics and to identify emergency evacuation needs. Any information provided will be accorded confidentiality and will be used in compliance with state and federal Equal Opportunity Non-Discrimination laws. Information submitted in relation to emergency evacuation needs will be shared with safety personnel.

\* Indicates Required Fields

### I. Do you have a disability as defined below?

- ☐ Yes  
☐ No.

### II. If yes, identify which disability you have. Indicate as many as three.

1. ☐ Are you blind or do you have serious difficulty seeing even when wearing glasses?
2. ☐ Are you deaf or do you have serious difficulty hearing?
3. ☐ Do you have serious difficulty walking or climbing stairs?
4. ☐ Do you have difficulty dressing or bathing?
5. ☐ Due to a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
6. ☐ Due to a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping?
7. ☐ Other (Examples, Epilepsy, Heart Condition, Mental Illness, Multiple Sclerosis, Muscular Dystrophy)?

\* If "Other" Please Indicate: \_\_\_\_\_

### III. Do you need assistance in the event of an emergency evacuation because of your disability?

- ☐ Yes  
☐ No.

\* Suggested Assistance: \_\_\_\_\_

Other Concerns: \_\_\_\_\_  
(Visual, Auditory, Mobility, etc.)

\* Please Provide Your Work County:

Work County: \_\_\_\_\_

\* Please Provide Work Address:

Work Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_



## State of Illinois Reasonable Accommodation Request for Employees

Pursuant to the requirements of state and federal laws, a qualified individual with a disability has the right to request reasonable accommodation in conjunction with his or her employment. Reasonable accommodation means a modification to application procedure, access to the work site, and adjustment to the work process or work schedule that would enable a person with a disability to perform a particular job. Employers are not required to provide accommodations that would impose undue hardship on the operations of their programs. The procedures for accommodation request appear on the back of this form. Completed accommodation request forms should be submitted to the immediate supervisor, with a copy to the agency's EEO/AA Officer and/or the ADA Coordinator. The agency EEO/AA Officer and/or the ADA Coordinator can respond to questions about the accommodation process.

Name	Job Title	Division	Telephone Number
Functional Limitations			

SPECIFY TYPE OF ACCOMMODATION NEEDED AND PROVIDE A DETAILED DESCRIPTION OF THE ITEM REQUESTED – PLEASE BE SPECIFIC

- ☐ Purchase or modification of equipment or devices \_\_\_\_\_
- \_\_\_\_\_
- ☐ Job restructuring or task modification \_\_\_\_\_
- \_\_\_\_\_
- ☐ Provision of reader, sign language interpreter or personal assistant \_\_\_\_\_
- \_\_\_\_\_
- ☐ Structural modification to work site or facility \_\_\_\_\_
- \_\_\_\_\_
- ☐ Modification of work schedule or leave policy \_\_\_\_\_
- \_\_\_\_\_
- ☐ Modification of examinations, training materials or personal assistant \_\_\_\_\_
- \_\_\_\_\_
- ☐ Reassignment to vacant position \_\_\_\_\_
- \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- \_\_\_\_\_

### Narrative Explanation

Describe how your functional limitation interferes with performance of a particular duty or participation in an activity sponsored by the employer. Explain how the requested accommodation would be used to enhance job performance or would allow you to participate in an employer-sponsored activity. (Use additional sheets if necessary)

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature	Date
----------------------	------

RAC Recommendation

(RAC's initials \_\_\_\_\_)

☐ Grant ☐ Deny

☐ Date \_\_\_\_\_

Return for \_\_\_\_\_

Chief Executive Officer's Final Action

(CEO's initials \_\_\_\_\_)

☐ Grant ☐ Deny

☐ Date \_\_\_\_\_

Return for \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

## Accommodation Request Procedures for Employees

The following procedures should be followed in processing reasonable accommodation requests from employees. The agency EEO/AA Officer and/or the ADA Coordinator can provide guidance on the accommodation process.

1. The employee shall submit a completed reasonable accommodation request form to his or her immediate supervisor and give a copy of the form to the agency EEO/AA Officer and/or the ADA Coordinator. The employee should retain a copy of this information in his or her files.
2. Once received, the supervisor shall review the request form for completeness and, in consultation with the EEO/AA Officer and/or ADA Coordinator, determine whether medical documentation is needed to either establish the presence of a disability or determine an appropriate accommodation. If documentation is needed, the agency should narrowly tailor its request to the issues of whether the employee has a disability under the law and how he or she can be accommodated. The employee should be asked to complete a medical release form (also narrowly tailored), if the agency has additional questions upon review of the medical documentation. When necessary, the employee should be asked to provide documentation to address these issues.
3. Upon receipt of necessary documentation, the supervisor shall make a recommendation, in writing, to the Division Manager within five (5) working days.
4. The Division manager shall review the supervisor's recommendation and make a recommendation to the Reasonable Accommodation Committee (RAC) within five (5) working days of receipt of the supervisor's recommendation. The Division Manager shall forward his/her recommendation along with the original reasonable accommodation request form and all documentation to the agency's EEO/AA Officer and/or the ADA Coordinator.
5. The EEO/AA Officer and/or the ADA Coordinator shall convene a meeting of the Reasonable Accommodation Committee within ten (10) working days of receipt of the Division Manager's recommendation. The RAC shall review the accommodation request. Once the Committee's review is complete, the Committee's recommendation shall be submitted to the Director within five (5) working days of the Committee's review for the Director's approval or denial.
6. The Director shall review the RAC's recommendation and shall render a decision of denial or approval within five (5) working days of receipt from the RAC.
7. Provided that appropriate documentation has been submitted, the EEO/AA Officer and/or the ADA Coordinator shall inform the employee in writing of the agency's decision to grant or deny the request within thirty (30) working days of receipt of the completed request form and any necessary medical documentation. A copy of the response will also be sent to the supervisor.
8. If the Director approves the accommodation request, the agency shall take appropriate action to comply with the accommodation request. Approved accommodation requests shall be implemented as soon as possible. Please note that the agency may offer alternative suggestions providing an equally effective accommodation to remove the workplace barrier in question.
9. Reconsideration: If an employee wishes to ask the Director to reconsider a decision on a reasonable accommodation request, a written request shall be addressed to the Director within ten (10) working days of notification of the decision. The reconsideration request shall include the reasons that a reconsideration is being requested and, if appropriate, alternative suggestions for reasonable accommodation. After a complete review of the matter, a decision shall be made and the employee shall be notified. The Director's decision on this recommendation shall constitute the final internal action by the Department on the accommodation request.
10. An employee who has been denied accommodation has the right to file a complaint at the state level with the Illinois Department of Human Rights within 300 calendar days of the denial of the request. An employee may also have the right to file a complaint with the U. S. Equal Employment Opportunity Commission (EEOC) within 300 days or any other appropriate government agency pursuant to their time frame.
11. The EEO/AA Officer and/or the ADA Coordinator shall document any action taken on a reasonable accommodation request where indicated on the request form and shall retain completed accommodation request forms one year following final action in the matter.



## State of Illinois Reasonable Accommodation Request for Applicants

Pursuant to the requirements of state and federal laws, a qualified individual with a disability has the right to request reasonable accommodation in conjunction with his or her employment. Reasonable accommodation means a modification to application procedure, access to the work site, and adjustment to the work process or work schedule that would enable a person with a disability to perform a particular job. Employers are not required to provide accommodations that would impose undue hardship on the operations of their programs. The procedures for accommodation request appear on the back of this form. Completed accommodation request forms should be submitted to the interviewing officer. The agency EEO/AA Officer and/or the ADA Coordinator can respond to questions about the accommodation process.

Name:	Interviewing Agency:
Home Address:	
Telephone:	Functional Limitations:

### Type of Accommodation Needed

- ☐ Sign Language Interpreter for the Employment Interview
- ☐ Reader Service
- ☐ Accessible Interviewing Site
- ☐ Re-formatting of Examinations for Learning Disabled Applicant
- ☐ Examination Markers for Applicants with Limited Manual Dexterity
- ☐ Other (indicate type of accommodation needed) \_\_\_\_\_

### Narrative Explanation

Describe how your functional limitation interferes with a portion of the preemployment process, e.g., applying, testing or interviewing. Explain how the requested accommodation would be used to enable you to complete the application process. (Use additional sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature:	Date:
------------------------	-------

### Agency Action

Interviewing Officer's Determination ☐ Grant ☐ Deny

Remarks (If denied, provide explanation) \_\_\_\_\_

\_\_\_\_\_

### Final Agency Approval

Signature:	Date:
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## Accommodation Request Procedures for Applicants

Qualified applicants and employees with disabilities have the right to request reasonable accommodation under the law. Applicants may request accommodation to any stage of the application process, including the employment application, examination procedure or interviewing process. Note that the Department of Central Management Services is responsible for accommodations to its testing procedures.

Once an individual with a disability has been hired, he or she has the right to request accommodation to the work site, work schedule or work process that would enable him or her to perform the job in question. Procedures for applicants to follow in making an accommodation request are listed below. The EEO/AA Officer and/or the ADA Coordinator can provide additional information about the accommodation process within their agencies.

### Procedures:

1. Applicants may request accommodations to the application process orally or in writing (either through correspondence or the use of the accommodation request form for applicants). If the request is made orally or through written correspondence, the agency EEO/AA Officer and/or the ADA Coordinator will complete accommodation request forms in the matter for purposes of processing and documenting the request.
2. Applicants shall submit accommodation requests to the interviewing officer. The interviewing officer should provide a copy of the form to the EEO/AA Officer and/or the ADA Coordinator. In cases where the EEO/AA Officer and/or the ADA Coordinator completes the form for the applicant with a disability, the EEO/AA Officer and/or the ADA Coordinator shall submit completed forms to the interviewing officer and retain a copy for him or herself.
3. A response to the request will be provided to the applicant within five (5) days following receipt of the request by the interviewing officer.
4. If it is within the bounds of the authority of the interviewing officer to grant the request and he or she believes it to be reasonable, the accommodation will be provided. Information regarding the type of accommodation provided will be sent to the EEO/AA Officer and/or the ADA Coordinator.
5. If another official within the agency must be consulted in order for the accommodation to be provided, he or she will determine whether the agency will grant the request.
6. If the agency denies the request, the applicant has the right to file an internal complaint with the EEO/AA Officer and/or the ADA Coordinator and/or external complaint with the Illinois Department of Human Rights within 300 calendar days of the denial. An applicant may also have the right to file a complaint with the U. S. Equal Employment Opportunity Commission (EEOC) within 300 days or any other appropriate government agency pursuant to their time frame.

### **Additional Procedures Regarding Persons With Disabilities**

The Illinois Independent Tax Tribunal currently has a single office in the Michael A. Bilandic Building ("MABB"). To the knowledge of the Agency, MABB is free of physical barriers to the extent required by law and/or is in the process of resolving any non-compliant physical barriers. The Agency further understands that MABB has building-wide procedures for evacuation of employees with disabilities.

To the extent that an employee becomes aware of any physical barriers, raises concerns regarding the evacuation plan, or has any questions regarding physical or procedural barriers, the employee may contact the EEO/AA Officer, who also serves as the ADA Coordinator.

With regard to hiring procedures for persons with disabilities, the Agency shall:

1. Review, on an ongoing basis, employment criteria and job descriptions to assure they have no adverse impact on disabled persons;
2. Not make inquiries regarding an applicant's disability during the interview process;
3. Not require or request a pre-employment medical examinations before an offer of employment and further not require or request a pre-employment medical examinations after an offer of employment, unless the post-offer and pre-employment examinations are job related and required of all applicants for that position.

At this time, no employee has requested assistance with physical barriers or evacuation. However, the Agency is committed to addressing all such requests made going forward. The Agency will monitor results of disability survey reports and will use the survey report results to ensure employee evacuation needs are met.

# **SECTION**

# **SIX**

## **Required Summary of Non-Discrimination Laws**

### **CIVIL RIGHTS ACT OF 1964, as amended**

Title VI prohibits discrimination on grounds of race, color, or national origin in federally assisted programs. Title VII prohibits discrimination on the grounds of race, color, religion, sex or national origin by employers or unions with 15 or more employees. The designation employer includes the government of the United States, corporations wholly owned by the United States, and state or political subdivisions thereof.

### **EQUAL EMPLOYMENT OPPORTUNITY ACT OF 1972**

This is an amendment to the Civil Rights Act of 1964, which adds sex and religion to the Title VII portion and extends Equal Employment Opportunity (EEO) to state, local and municipal organizations, all employment agencies (private and public) and to labor organizations. This Act empowers EEOC to bring civil action against any organization, which is alleged to be practicing discrimination. The Act also gives the right to an individual to take a complaint directly to a court of law.

### **PREGNANCY DISCRIMINATION ACT**

This law amended Title VII to make it illegal to discriminate against a woman because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

### **CIVIL RIGHTS ACT OF 1991**

The Civil Rights Act of 1991 expands the protections afforded individuals under the Civil Rights Act of 1964. It provides for damages for intentional discrimination and unlawful harassment in the workplace and codifies the concepts of "business necessity" and "job related" as enunciated in various Supreme Court decisions. Additionally, it confirms statutory authority and provides guidelines for disparate impact suits under Title VII of the Civil Rights Act of 1964 and in response to recent Supreme Court decisions, expands the scope of relevant civil rights statutes.

### **AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967**

This Act prohibits arbitrary discrimination against persons 40 years of age or older.

### **REHABILITATION ACT OF 1973**

This Act sets the standards for promoting, expanding, and assisting in employment opportunities for the handicapped in all programs or activities receiving Federal financial assistance. Sections 503 and 504 provide for the prohibition of discrimination against qualified handicapped individuals. The Office of Federal Contract Compliance Programs (OFCCP), U. S. Department of Labor, enforces section 503. Section 504 is enforced by the agency providing the federal funds in question.

### **EQUAL PAY ACT OF 1963**

This Act provides that an employer may not discriminate on the basis of sex by paying employees different wages for doing equal work on jobs requiring equal skill, effort, and



responsibility, and which are performed under similar working conditions in the same establishment. The U. S. Equal Employment Opportunity Commission (EEOC) enforces this Act.

### **AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED BY THE AMERICANS WITH DISABILITIES AMENDMENTS ACT OF 2008**

Congress enacted the Americans with Disabilities Act of 1990 ("the ADA") to eliminate discrimination against individuals with disabilities in the areas of employment, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public service. Title I of the ADA prohibits discrimination in employment against individuals with disabilities and establishes the standards governing an employer's affirmative duty to accommodate an individual with a disability. Title II of the ADA prohibits discrimination against individuals with disabilities by state and local governments. The ADA Amendments Act of 2008 broadens the coverage of "disability" and thereby brings more individuals under the protection of the law. EEOC issued regulations under this Act.

### **FAMILY MEDICAL LEAVE ACT of 1993**

This act requires employers to provide up to 12 weeks of unpaid job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours during the year preceding the start of the leave, and be employed at a worksite where the employer employs at least 50 employees within a 75-mile radius. The U. S. Department of Labor's Wage and Hour Division is authorized to investigate and resolve complaints of violations.

Unpaid leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Section 585(a) of the National Defense Authorization Act (NDAA) amended the FMLA to provide eligible employees working for covered employers two important leave rights related to military service:

- *Qualifying Reason for Leave.* Eligible employees are entitled to up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation.
- *Leave Entitlement.* An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member. This military caregiver leave is available during "a single 12-month period" during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

## **UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services. The U. S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

## **GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008**

This law makes it illegal to discriminate against employees or applicants because of genetic information. Genetic information includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about any disease, disorder or condition of an individual's family members (i.e. an individual's family medical history). The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

# **SECTION SEVEN**

### **Hiring and Promotion Monitor**

The EEO/AA Officer, in consultation with the Director, will complete a Hiring Monitor and Promotion Monitor form when a new position is filled or a current employee is promoted.

## HIRING MONITOR

Name of Agency \_\_\_\_\_ Candidate's Name \_\_\_\_\_  
City / County \_\_\_\_\_ Position Number \_\_\_\_\_  
IDHR Region / (Facility) \_\_\_\_\_ Bid Number \_\_\_\_\_  
EEO Job Category \_\_\_\_\_  
Title of Job to be filled \_\_\_\_\_ Date of Hire \_\_\_\_\_

1. Is this EEO Category underutilized? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by which of the following:  
Women \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_  
Asian \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
People with Disabilities \_\_\_\_\_

2. Indicate: Race of person selected \_\_\_\_\_ Sex of person \_\_\_\_\_  
Disability: Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Number of individuals who applied or were on the list of eligible(s) \_\_\_\_\_

Total by Category	# Invited	# Interviewed	# Selected
_____ Women	_____	_____	_____
_____ Black or African American	_____	_____	_____
_____ Hispanic or Latino	_____	_____	_____
_____ Asian	_____	_____	_____
_____ American Indian or Alaskan Native	_____	_____	_____
_____ Native Hawaiian or Other Pacific Islander	_____	_____	_____
_____ People with Disabilities	_____	_____	_____
_____ Veterans	_____	_____	_____

4. If no candidates from any of the underutilized groups appeared on the list, what efforts were made in the last six months to assist in the recruitment of candidates?
5. If the category is underutilized and a member of an affirmative action group applied and was not hired give a detailed explanation for the hiring decision.
6. Was the position posted? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Name and position of person(s) who interviewed candidates.
8. Name and position of person(s) who recommended the selection of the candidate.

I have reviewed the eligibility list and concur / do not concur with this hire. Remarks on reverse side.

\_\_\_\_\_  
EEO/AA Officer

\_\_\_\_\_  
Date

I approve of this hire.

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

No appointment will be processed without this form. [DHR Rules and Regulations Section 2520.770(h)]

DHR-19 (Rev. July 2015)

## PROMOTION MONITOR

Name of Agency \_\_\_\_\_ Candidate's Name \_\_\_\_\_  
City / County \_\_\_\_\_ Position Number \_\_\_\_\_  
IDHR Region / (Facility) \_\_\_\_\_ Bid Number \_\_\_\_\_  
EEO Job Category \_\_\_\_\_  
Title of Job to be filled \_\_\_\_\_ Date of Promotion \_\_\_\_\_

1. Is this EEO Category underutilized? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by which of the following:  
Women \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_  
Asian \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
People with Disabilities\* \_\_\_\_\_
2. Indicate the race and sex of the person promoted: \_\_\_\_\_
3. Number of individuals who applied or were on the list of promotable(s) \_\_\_\_\_

Total by Category	# Invited	# Interviewed	# Selected
_____ Women	_____	_____	_____
_____ Black or African American	_____	_____	_____
_____ Hispanic or Latino	_____	_____	_____
_____ Asian	_____	_____	_____
_____ American Indian or Alaskan Native	_____	_____	_____
_____ Native Hawaiian or Other Pacific Islander	_____	_____	_____
_____ People with Disabilities	_____	_____	_____
_____ Veterans	_____	_____	_____

4. Did it change the employee's EEO Job Category? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, from what EEO Job Category? \_\_\_\_\_
5. If the category is underutilized and a member of an affirmative action group applied and was not promoted, give a detailed explanation.
6. Was the position posted? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Name and position of person(s) who interviewed candidates.
8. Name and position of person(s) who recommended the selection of the candidate.

I have reviewed the eligibility list and concur / do not concur with this promotion. Remarks on reverse side.

\_\_\_\_\_  
EEO/AA Officer Date

I approve of this promotion.

\_\_\_\_\_  
Chief Executive Officer Date

No appointment will be processed without this form. [DHR Rules and Regulations Section 2520.770(h)]  
DHR-20 (Rev. Feb. 2016)

**\*For EEO monitoring purposes.**

## ILLINOIS INDEPENDENT TAX TRIBUNAL EXIT QUESTIONNAIRE

Instructions: This questionnaire will be provided to all employees at the time of their separation from the agency whether voluntary or involuntary. The completion of this questionnaire shall be at the employee's option. Please send the completed form in an envelope to the Equal Employment Opportunity Officer. The Equal Employment Opportunity Officer shall maintain a separate file of all forms for possible review by the Department of Human Rights.

Name \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: Yes \_\_\_\_\_ No \_\_\_\_\_ Race \_\_\_\_\_ Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Employment \_\_\_\_\_ Separation Date \_\_\_\_\_  
Position Title \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Current Salary \_\_\_\_\_  
Who was your immediate supervisor? \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you want to work here again? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain: \_\_\_\_\_

Same Position? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

Same Supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you feel the working conditions were satisfactory?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions for improving employee morale?

\_\_\_\_\_  
\_\_\_\_\_

Were you satisfied with the pay you received for the work performed and with promotions?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive bilingual pay? If so, do you feel it was an appropriate amount?

\_\_\_\_\_  
\_\_\_\_\_

Were you satisfied with the supervision and were you trained properly?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you think management adequately recognized employee contributions? If not, what recommendations would you make to improve this?

\_\_\_\_\_  
\_\_\_\_\_

Did you receive any equal employment opportunity / affirmative action orientation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain:

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During your employment did you request an accommodation based on your disability?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If yes, please explain:

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Did you personally experience any discrimination while working in your position?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain:

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Are you aware of instances where others have been discriminated against?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain:

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If you have answered "Yes" to the last two questions, have you discussed or given written notice of this discrimination to your supervisor or EEO/AA Officer?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain:

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Additional comments / concerns:

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_