

District School Board of Pasco County

Guidelines for POET

POET: Post-Offer Employment Testing



Human Resources and Educator Quality
Risk Management Section
Occupational Health Services
9/2015

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Purpose of Program:

Post-Offer Employment Testing allows the District to make a conditional offer of employment to a potential candidate based on him/her demonstrating that he/she meets the specific, essential physical functions of a specific job.

Program Guidelines:

1. Pre-employment physicals apply to new-hire applicants and existing employees who are applying for a "POET" position.
2. Physical exams are only conducted after a conditional offer of employment (*refer to page 15*).
3. After the hiring administrator makes a conditional offer of employment, all applicants must clear the background and reference check before a physical examination is scheduled.
4. After a conditional offer of employment, **all candidates** for the identified position must complete a HIPAA compliant release form ([Form 4160 F2](#)) and submit to a physical exam. *Applicants will complete this form upon arrival at the Health and Wellness Center.*
5. Refusal to complete a HIPAA compliant release form or submit to a physical exam will be grounds for withdrawing the conditional offer of employment.
6. CareHere, the District's test administrator, will communicate test results to the District's Office for Human Resource and Educator Quality (HREQ).
7. HREQ will note the test results in Winocular (*normally within 24 – 48 hours of test completion*)
8. Hiring administrators will need to check the "POET" folder in Winocular for results.
9. Candidates **cannot** begin work before successful completion of the hiring process (includes reference check, background screening and POET).

Requirements for New-Hire Applicants :

- Physical Exam (Assigned Medical Provider)
- Range of Motion/Functional Testing (Administered by CareHere)
- Drug Screening

Requirements for Current Employees:

- Blood Pressure Check (required prior to physical exam)
- Physical Exam (Assigned Medical Provider)
- Range of Motion/Functional Testing (Administered by CareHere)
- **Current employees are not required to submit to a drug screening.**

*** EXISTING EMPLOYEES DO NOT UNDERGO DRUG SCREENING**

Scheduling POET Appointments

1. POET appointments are conducted weekly on Monday from 8:00 am – 11:00 am, Tuesday from 7:00 am – 11:30 am, and Thursday from 1:00 pm – 4:00 pm at the Land O' Lakes Health and Wellness Center. Appointments must be scheduled two to three days in advance. For example, if you request a POET appointment for an applicant on Monday, the applicant will be scheduled for an appointment on Thursday.
2. Fax the completed POET fax message form (*refer to pages 13 & 14*) to Claims Administration at District extension 4-2039.
3. Upon receipt, Claims Administration will schedule the applicant for POET and notify you of the appointment time.
4. As the hiring administrator, you will need to notify the applicant of his/her appointment date and time and provide him/her a copy of the POET instructions (*refer to page 12*). You may give the POET instructions to the applicant and call him or her with the date and time after the appointment has been scheduled.

Cancelling or Rescheduling Appointment:

If a candidate is unable to keep his or her scheduled appointment, he or she must call 1-877-423-1330 to cancel **or (813) 794-2520 to cancel and reschedule your appointment.**

No Show for Appointment:

A candidate who does call to cancel or reschedule his or her POET appointment is considered to have no showed for the POET. A candidate who no shows for two (2) POET appointments must wait six months before reapplying for a position with the District that requires a POET.

Interview Guidelines and ADA Compliance:

Training will be provided to the appropriate hiring administrators as identified by the worksite administrator:

- Front Office HR staff
- Maintenance Supervisor
- Warehouse Supervisor
- FNS Area Managers
- Plant Managers

1. Hiring administrators may not ask disability-related questions or schedule a medical examination until after he/she makes a conditional offer of employment to the applicant.
2. During the interview, the hiring administrator needs to provide the applicant with a copy of the job description of the position for which he/she has applied, ask the applicant to review the job description and verify that he/she can perform the duties listed.
3. If the hiring administrator wants to make a conditional offer of employment, he/she must notify the applicant that he/she is being offered the position contingent that he/she passes the background screening process (fingerprinting, post-offer employment testing, pre-employment drug test, etc.).
4. Once the conditional offer of employment is made, the hiring administrator should provide the applicant with a list of specific essential tasks included in the post-offer employment test. This information may be verbally communicated to the candidate by telephone; however, the hiring administrator must adhere to the "conditional job offer script" (*refer to page 15*).
5. The hiring administrator should ask the applicant the following question:

Based on the essential tasks and your understanding of the job, do you feel that you will require accommodations for a physical or mental impairment or disability?
6. If the applicant requires accommodations, he/she will need to obtain a physician's statement on (the current ADA form utilized by Employee Relations with a copy of the items to be tested during the post-offer employment test) certifying the qualifying disability and the need for an accommodation (*refer to page 16*).
7. The completed form will then need to be reviewed by the hiring administrator and Employee Relations to determine if the employee is entitled to accommodations and if the accommodations are reasonable.
8. If an accommodation is required and it is reasonable, it will be provided to the applicant for the post-offer employment test. The applicant will still need to meet the threshold for the position for which he/she applied.
9. If an accommodation is unreasonable or the person is not disabled under the law, the applicant will be notified and offered the opportunity to take the post-offer employment test without an accommodation.
10. Anyone tested, with or without an accommodation, must still meet the thresholds for the position that have been established.

Americans with Disabilities Act (ADA):

It is the policy of the District School Board of Pasco County, in accordance with the Americans with Disabilities Act of 1990 (ADA), to guarantee that qualified individuals with disabilities have the same opportunities and are not discriminated against in regard to job application procedures, hiring, advancement, discharge, compensation, job training, or other terms, conditions, or privileges of employment. The District will provide reasonable accommodation(s) to a qualified individual, when necessary, to enable the individual to perform the essential functions of the position or during the application process, if the accommodation does not impose an undue hardship on the operation of the District's business.

Employees and applicants requesting a reasonable accommodation are required to submit a Medical Certification of ADA Qualifying Impairment completed by their Health Care Provider to the Equity Manager, Office for Employee Relations. The Equity Manager will review all relevant information provided by the Health Care Provider as well as the employee's job duties or applicant requirements to identify and recommend reasonable accommodations that can be provided.

Please note: The District may require additional medical information in order to determine if an employee or applicant has an impairment that substantially limits a major life activity. If additional information is required, you will be required to complete and sign an Authorization for the Release of Medical Information. Be aware that failure to provide such authorization to the District may result in a denial of your request for reasonable accommodation.

Employees or applicants with a disability seeking additional information regarding the process for requesting an ADA accommodation should contact the Equity Manager by email or telephone.

Sandy May, Equity Manager
Office for Employee Relations
smay@pasco.k12.fl.us
(813) 794-2679

Board Policy: 4160 – Physical Examination

It is the policy of the Board that the Superintendent may require, after a conditional offer of employment, that the successful candidate submit to a medical examination in order to determine the candidate's physical and/or mental capacity to perform essential functions of the position, with or without reasonable accommodations, provided that the Board requires other successful candidates for the same position (or job classification) to do so. Such examinations shall be performed by a health provider designated by the District.

Individuals who are required to submit to an appropriate examination will also be required to execute a release that complies with the requirements of the Health Insurance Portability and Accountability Act in order to allow the report of the medical examination to be released to the Board/Superintendent and to allow the Superintendent or his/her designee to speak to the health care provider who conducted the medical examination in order to get clarification (see [Form 4160 F2](#)). Refusal to submit to an appropriate examination or to execute the HIPAA release will be grounds for withdrawing the conditional offer of employment.

Such report should indicate whether the candidate can perform essential functions of the position, with or without reasonable accommodation.

Employees will be notified of the results of the medical examination upon receipt. Pursuant to State law and in accordance with the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act (GINA), any and all reports of such examination will be confidential and exempt from release, except as provided by law. In the event of a report indicating that the candidate is not qualified to perform the position's essential functions, with or without reasonable accommodation, the Superintendent will make a recommendation to the Board of non-employment. The Superintendent may discuss the results of the report with the healthcare provider who conducted the medical examination prior to making a recommendation to the Board.

The Board shall pay any uninsured fees for required examinations.

F.S. 1012.23, 1012.31

42 U.S.C. 12101 et seq., Americans with Disabilities Act of 1990

42 U.S.C. 2000ff et seq., The Genetic Information Nondiscrimination Act

29 C.F.R. Part 1630

29 C.F.R. Part 1635

Revised 3/1/11

Positions to Include in POET Program:

All applicants hired on or after the date of implementation **must complete a POET before starting work** with Pasco County Schools. The date of hire is defined as the first date the applicant reports to work.

Department/Position	Date Implemented
1. Food and Nutrition Services (Julie Hedine) a. Food and Nutrition Services Assistant b. Food and Nutrition Services Production Assistant c. Food and Nutrition Services Assistant Manager d. Food and Nutrition Services Manager e. Lunchroom Monitor f. Area Specialist g. Lakeview Café Manager	08/15/2011
2. Custodial Services (Mark Fox) a. Custodian b. Outside Custodian c. Facility Service Worker d. Assistant Plant Managers e. Plant Managers	07/23/2012
3. Distribution Services/Warehouse (Bill Amon) a. Courier b. Mail Service Specialist c. Distribution and Materials Handler d. Distribution Service Specialist e. Materials Handler	07/23/2012
4. Transportation (Bill McEachern) a. Bus Driver b. Relief Bus Driver c. Instructional Assistant/Bus Driver d. Alternative School Bus Driver/Paraprofessional e. Transportation Assistant f. Transportation Maintenance Assistant g. Mechanic	Based on DOE Requirements
5. Human Resources (Lydia Ray) a. ESE Instructional Assistant b. Pre-K Assistant c. Instructional Substitutes	<i>Pending Implementation</i>

02/28/2012**6. Maintenance & Facility Services (Mark Fox)**

- a. Air Conditioning Specialist
- b. Construction Assistant
- c. Water and Sewer Plant Operator
- d. Maintenance (*Identified by Tradesman*)
 - Cabinetry
 - Carpentry
 - Electric
 - Electronics
 - Fencing
 - Flooring
 - Food Service Repair
 - HVAC
 - Masonry
 - Painter
 - Plumber
 - Roofing
 - Welding
 - Site Development

01/05/2015**7. PLACE Program (Mary Grey)**

- a. Child Care Assistant
- b. Sr. Child Care Assistant
- c. Assistant Site Manager
- d. Site Manager

Applicant will complete this form at the
Health and Wellness Center

4160 F2/page 1 of 2



District School Board of Pasco County
AUTHORITY TO RELEASE MEDICAL RECORDS/INFORMATION

I hereby authorize the use and disclosure of my medical records and/or individually identifiable health information as described below. I understand that this authorization is voluntary.

Name of Patient: _____ Social Security Number: _____

Address: _____

I hereby authorize CareHere, its Director or designee, or Medical Records Department, to furnish and release to the District School Board of Pasco County all information, including protected health information (PHI) as defined in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations, and records concerning, but not limited to, findings, treatments, and opinions as to whether I am able to perform the essential functions of my job with the District School Board of Pasco County, with or without reasonable accommodation, in a safe manner for myself, my colleagues, and/or students I teach and/or supervise. I understand that this information shall be released for the specific purpose of allowing my employer to determine whether I am capable of performing the essential functions of the position for which I am being employed by the District School Board of Pasco County, with or without reasonable accommodation, and/or determine the nature of any reasonable accommodations I might require in order to perform the essential functions of my job.

I expressly waive all provisions of law (including, but not limited to, the privacy provisions of the HIPAA) forbidding any physician or other person who has heretofore treated, attended, or examined me, or who may thereafter, treat, attend, or examine me, from disclosing any knowledge or information, including PHI, which they thereby acquired. **The foregoing authority shall continue in force until revoked by me in writing.** This release includes the release of any medical records and PHI generated directly and specifically by CareHere as a consequence of examinations conducted by him/her, as well as medical records and PHI obtained from examination(s) by other consulting physician and/or specialists.

The information transmitted to The Office for Human Resources and Educator Quality, District School Board of Pasco County may be shared with my employer in a confidential manner consistent with the provisions of the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination ACT (GINA).

I further authorize CareHere to discuss the content of any medical records released pursuant to this document with the Superintendent or designee.

I understand that the information used or disclosed may be subject to re-disclosure by the recipient(s) authorized above and may no longer be protected by the Federal privacy regulations. I understand that the health care provider will not condition treatment or payment on the signing of this authorization. I understand that I may generally revoke this authorization at any time by notifying the health care provider in writing. However, I may not revoke this authorization to the extent that the health care provider has taken action in reliance upon the authorization. I understand that I will receive a signed copy of this authorization.

I understand my rights and hereby authorize the use or disclosure of my individual, identifiable health information as set forth herein.

SIGNATURE MUST BE WITNESSED BY PRINCIPAL/DIRECTOR OR DESIGNEE

_____	_____	_____
Date	Witness Signature	Employee Signature
	_____	_____
	Witness Printed Name	Employee Printed Name

A photostatic or electrostatic copy hereof shall have the same authority as the original.



District School Board of Pasco County
Post-Offer Employment Test
Instructions

Applicant Information:

_____ ()
Last Name First Name MI Date of Birth Phone Number

_____ Zip
Street Address City, State

Position: _____ Department
Position Applying For

Instructions:

You have been scheduled for a post-offer physical at the Land O' Lakes Health and Wellness Center, 20360 Gator Lane, Bldg. 14, Land O' Lakes, FL 34638.

Appointment Date: _____ Appointment Time: _____

The Health and Wellness Center is located off Gator Lane near the District School Board of Pasco County's District Office Complex on Hwy 41, between SR 52 and SR 54. If you are traveling northbound on Hwy 41, from SR 54, turn left onto Gator Lane at the intersection of Hwy 41 and Gator Lane. If you are traveling southbound on Hwy 41, from SR 52, turn right onto Gator Lane at the intersection of Hwy 41 and Gator Lane. Turn left after the crosswalk on Gator Lane, into the parking lot and turn immediately to the right into the connecting parking lot. The Health and Wellness Center will be on your right, Building #14.

1. Plan to **arrive at least 15 minutes before your scheduled appointment** time. If you are unable to keep your scheduled appointment, call 1-877-423-1330 or (813) 794-2520.
2. Bring a list of all medications currently taking.
3. Bring your **driver's license** or other state-issued identification card
4. Wear comfortable clothing and **closed-toe shoes (no heels)**.
5. Allow approximately forty-five (45) minutes for testing.

LATE ARRIVALS

In consideration of others, if you arrive late for your scheduled appointment time, you may be rescheduled for another time and/or day if the Health and Wellness Center is unable to work you in among the other scheduled appointments. *Rescheduling an appointment may delay the candidate's employment date with the District School Board of Pasco County.*



District School Board of Pasco County
Post-Offer Employment Test
Request for Appointment for
NEW-HIRE APPLICANT

DATE: _____

1 PAGE INCLUDING COVER

TO: HREQ, Claims Administration
Attention: Christina Gernhart, HR Assistant

Phone: (813) 794-2520
(727) 774-2520
(352) 524-2520

FAX request for POET appointment to HREQ, Claims Administration at:

- (813) 794-2039 – CENTRAL PASCO COUNTY
- (352) 524-2039 – EAST PASCO COUNTY
- (727) 774-2039 – WEST PASCO COUNTY

FROM: _____ **PHONE:** (____) _____

EMAIL: _____ **FAX:** (____) _____

APPLICANT INFORMATION:

Applicant: _____ SSN: _____
Last Name First Name MI

Date of Birth: _____ Gender: M / F Phone: (____) _____
mm/dd/yyyy

Address: _____
Street City State ZIP

Position Applying For: _____ Work Location: _____

Cleared Fingerprinting & Reference Check: YES/ NO Date Cleared: _____

Applicant Must Complete the Following Medical Examinations. (To be completed by HREQ):

- Physical Exam (*Assigned Medical Provider*)
- Range of Motion/Functional Testing (*Administered by CareHere*)
- Drug Screening
- Cotinine (*Nicotine*) Screening

Special Request(s): _____



District School Board of Pasco County
Post-Offer Employment Test
Conditional Job Offer Script

Applies to the following departments:

1. Food and Nutritional Services
2. Courier Services
3. Custodial Services
4. Distribution and Warehouse Services
5. Maintenance and Facility Services
6. PLACE Program

Hello, may I speak to **<candidate name>**?

Hello **<candidate name>** this is **<your name>** calling from the **<department name>** at the District School Board of Pasco County. Is now a good time to talk? **<Pause – let candidate respond.>**

First, I want to thank you again for taking the time to interview for the **<position title>**. Based on the requirements of the position, we feel you would be a great fit for the position and department. I'm pleased to offer you the position, contingent upon satisfactory completion of the post-offer employment test (POET) (fingerprinting, physical, pre-employment drug test, etc.). As discussed during the interview, our POET process is designed to ensure that applicants are physically capable of performing the essential tasks of position.

Working in **<department>** can be a physically demanding position. Throughout the day, you may be required to **<describe the essential daily tasks of the position>**. Do you have any questions regarding the job description I just provided you?

- Yes – give examples for the above requirements
- No - Based on the essential tasks and your understanding of the job, do you feel that you will require accommodations for a physical or mental impairment or disability?

If the applicant requires accommodations, he/she will need to obtain a physician's statement (the current ADA form utilized by Employee Relations with a copy of the items to be tested during the post-offer employment test) certifying the qualifying disability and the need for an accommodation.

Be Prepared
**Have the essential daily tasks for the position that you
are offering the candidate readily available**



District School Board of Pasco County

Office for Employee Relations

Medical Certification of ADA Qualifying Impairment

Individuals requesting a reasonable accommodation pursuant to the Americans with Disabilities Act of 1990 are required to have an appropriate health care provider complete the following form certifying that the employee is eligible to receive an accommodation. This information is treated confidentially, is not maintained in the employee's main personnel file, and will be used only by authorized individuals with direct need to know and/or evaluate the information. Please return this form to:

ATTN: Equity Manager

Office for Employee Relations

District School Board of Pasco County

7227 Land O'Lakes Blvd.

Land O'Lakes, FL 34638

OR

Fax: (813) 794-2679

Name of Person Requesting ADA accommodations:

First: _____ Last: _____

Soc Sec #: _____ DOB: _____

REMAINING SECTION TO BE COMPLETED AND CERTIFIED BY HEALTHCARE PROVIDER:

Name of Healthcare Provider: _____

Specialty/Type of Practice: _____

Office Address: _____

Office Phone: _____ **Office Fax:** _____

1. In your professional judgment, does this individual have a physical impairment that is a physiological disorder or condition, cosmetic disfigurement, or anatomical loss? **Y or N**
2. In your professional judgment, does the individual have a mental impairment that meets the following definition: "Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities."? **Y or N**
3. Please state the patient's diagnosis and describe the medical facts that support your certification: _____

4. When did symptoms first appear? _____ Reported symptoms: _____

5. Under ADA regulations, major life activities are described as activities that an average person can perform with little or no difficulty. The regulations do not offer an exhaustive list but mention the following examples: sitting, standing, walking, speaking, breathing, seeing, hearing, learning, working, caring for oneself, performing manual tasks, lifting, bending, reading, thinking, communicating, concentrating, and interacting with others.

In your professional judgment, does this individual have an impairment that limits one or more major life activities according to this definition? **Y or N**

If yes, please describe _____

6. The limitation to major life activities must be substantial under the regulations: "An impairment is substantially limiting if it prohibits or significantly restricts an individual's ability to perform a major life activity as compared to the ability of the average person in the general population to

perform the same activity.” There are three factors to consider in determining whether an impairment is substantially limiting:

- a. Does the nature and severity of the impairment make it substantially limiting? **Y or N**
- b. Does the anticipated duration of the impairment make it substantially limiting? **Y or N**
- c. Does/Will the impairment have a long-term impact that prohibits or significantly restricts the ability to perform a major life activity? **Y or N**

If yes to any of the above, please explain _____

7. If you believe the individual has a disability that substantially limits the individual’s ability to perform one or more major life functions, in your professional opinion, can the individual perform the essential functions of the job (see job descriptions @ _____) without direct threat to their own health and safety and/or the health and safety of others in the workplace?
Y or N

Regular attendance is an essential function of virtually all jobs, and an individual who cannot work regularly therefore may not qualify as “able to perform the essential functions of the job”. In your professional judgment, does this diagnosed condition create an impairment that might ordinarily cause an individual to be unable to report to work in any substantive way? **Y or N**

8. Is an accommodation required to enable the individual to perform the essential functions of the job as described? **Y or N**

If yes, what is the specific essential task(s) of the individual’s position that requires reasonable accommodation(s)? _____

Please suggest reasonable accommodation(s) which should be considered that would specifically and directly address/ameliorate the substantial limitation _____ and enable the individual to successfully perform the essential task(s) identified above:

9. Please provide any additional information that you feel would be useful the Equity Manager in evaluating the individual’s medical condition: _____

Signature of attending physician: _____

Printed name of attending physician: _____

Date: _____