



May 19, 2020

Sent Via Email And USPS

Jack Cady
1313 Temkin Ave #4
Madison, WI 53705

Dear Jack:

On May 18 and 19, 2020, we spoke with your **legal advocate** and you regarding your mental health condition/s and your requested modifications to the Assistant Manager job duties and responsibilities. We are treating these communications as a request for a reasonable accommodation.

A determination has not yet been made as to whether you are entitled to a reasonable accommodation under the Americans with Disabilities Act ("ADA") and/or applicable state law. The first step toward making that determination is engaging in a dialogue with you to determine: 1) the nature of your condition; 2) the nature and extent of any physical or mental limitations that you may have as a result of your condition; and 3) whether there may be some reasonable accommodation that would allow you to satisfactorily perform the essential functions of your job without imposing an undue burden on Stop-N-Go. This is referred to as the "interactive process."

To begin this dialogue, we need more information and clarification from your healthcare provider. Enclosed is an "Interactive Process Questionnaire" form that must be completed by your healthcare provider relating to the condition/s your mother and you referenced in the calls and conversations. We have also enclosed a copy of the job description for the **Assistant Store Manager** position.

Please take this letter, the enclosed form, and the job description to your healthcare provider and ask them to provide the requested information to me. The form must be signed by your healthcare provider and returned to us by June 2, 2020. Failure to provide the requested information in a timely manner may result in the rejection of your request for an accommodation.

Thank you for your anticipated cooperation in securing your healthcare provider's response to this request. Please contact me if you have any questions or concerns.

Thank you,

Debbie Forseth
Human Resources Manager
Stop-N-Go Corporation

Enclosures

Stop-N-Go – Interactive Process Questionnaire

Stop-N-Go is engaged in the interactive process with Jack Cady (“Employee”) to determine what tools and resources Employee may need to be successful in their current role. As part of that process, we require the information requested below.

Employee is currently employed as **Assistant Store Manager**. We have included a position description detailing job duties and requirements for you to please assess.

NOTE: Pursuant to the Genetic Information Nondiscrimination Act of 2008 (GINA), we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family members receiving assistive reproductive services.

1. Does Employee have a physical or mental impairment that relates to Employee’s ability to perform any of the job duties noted on the enclosed job description?

Yes

No/Not Applicable

2. If you answered “Yes” to Question 1 above, what is the impairment? Identify the condition and how it impairs Employee.

Employee has disabilities that, in current job environment, have been made worse. These include PTSD, OCD, and GAD (generalized anxiety disorder). Due to increasingly stressful work environment, employee asks for a reduction in hours by one shift (8 hrs) a week, in order to have time to de-stress for mental health.

3. Provide a detailed description of the nature and severity of Employee’s symptoms.

Employee suffers from panic and anxiety attacks that affect sleep, ability to relax outside of work, memory, and physical symptoms such as headaches & dietary issues.

4. Please describe the proposed course of treatment.

Reduce employee’s schedule by one shift (8hrs) a week, in order to allow employee time to use coping skills to maintain stable mental health.

5. What is your prognosis as to the duration of Employee's condition?

PTSD, OCD & GAD are lifelong conditions.

6. Please describe **in detail** the limitations on Employee's regular life activities as a result of Employee's condition and/or the treatment of the condition (e.g., ability to care for themselves, ability to stand, sit, walk, see, eat, sleep, lift, climb stairs, read, concentrate, think, etc.) and the expected duration of such limitations.

The description of Employee's limitations must be as objective and specific as possible.

See question 3. PTSD from abuse at work from customers, including physical threats (documented), affects employee's ability to have positive experiences both at work and outside of it.

7. Regarding the duration of Employee's limitations, please be as specific as possible (e.g., ten days; three weeks; two months, etc.). If the duration of Employee's limitations is indefinite or permanent, so indicate.

PTSD, GAD & OCD are lifelong conditions. Employee asks for reduction in hours for minimum six months.

Questions related to the Assistant Store Manager position

*Please refer to **Exhibit A: Position Description for Assistant Store Manager***

8. State whether Employee's condition precludes them from performing any of the essential physical or cognitive functions of their job. To assist you in this regard, a job description that sets forth the essential physical and cognitive functions of Employee's job is attached.

Yes

No Not Applicable

9. If Employee's condition does preclude them from performing any of the essential functions of their job, please identify **the specific job functions** that Employee is unable to perform.

_____ N/A _____

10. If you believe that there are any reasonable accommodations (i.e., modifications or changes to the work environment or to how the work is typically done) that would permit Employee to perform the essential functions of their job listed in the response to Questions No. 8 and 9 **at this time**, please describe the accommodation(s).

_____ N/A _____

11. If Employee is not currently able to perform all of the essential functions of their job or the other position, with or without accommodation, please provide your medical opinion as to the anticipated **return to work date** for Employee (i.e., the date when Employee would be able to perform all of the essential physical and cognitive functions of their job with or without reasonable accommodation).

If you are unable to identify a return to work date at this time (i.e., Employee will be unable to perform all of the essential job functions with or without reasonable accommodation for an indefinite period of time or permanently), so indicate. Note: A statement that the employee will not be able to return to work “until at least” a given date will be treated as the equivalent of a statement that the employee will be unable to return to work for an indefinite period of time unless a reasonable “no later than” date is also provided.

_____ N/A _____

12. If you believe that there are any reasonable accommodations (i.e., modifications or changes to the work environment or to how the work is typically done) that would permit Employee to perform the essential functions of Employee’s job listed in the response to Questions No. 8 and 9 **on Employee’s return to work date**, please describe the accommodation(s).

_____ N/A; six months accommodation
requested. _____

13. Is there a significant risk of substantial harm to the health or safety of Employee or other individuals if Employee is allowed to perform the duties of their position?

Yes

No Not Applicable

14. If your response to Questions No. 13 is “Yes,” please describe the risk of harm.

_____ N/A _____

15. Are there any accommodations that would reduce or eliminate any direct threat that you have identified in your response to Question No. 14 above?

_____ N/A _____

Signature of Healthcare Provider

Date

Print Name – Healthcare Provider

Note to Provider: If you have any questions about this form, please contact:

Debbie Forseth
Human Resources Manager
Stop-N-Go Corporation
2934 Fish Hatchery Road
Madison, WI 53713
(608)271-4433 ext. 115
dforseth@stop-n-go.com

Please return this completed form to me via email by June 2, 2020 as noted above.

Exhibit A: Position Description for Assistant Store Manager

BASIC FUNCTION

The Assistant Store Manager's primary focus is to assist the Store Manager in the completion of store management functions and maximize management presence during hours of operation. The Assistant Manager shares the burden of store level efforts to meet sales budget expectations, control cash and inventory, and recruit and train in accordance with staffing needs.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Duties include, but are not limited to:

General Management

- Assume a lead role in exhibiting the operating philosophy that an on-duty employee's foremost duty is offering fast and friendly service.
- Assume a lead role in adapting to and accepting newly implemented decisions, programs and policies.
- Remain aware of, compliant with and supportive of corporate policies.
- Participate in required meetings on behalf of Stop-N-Go's interests.
- Act as a professional representative of SNG management.
- Contribute to handling of paperwork, records and other material so as to maintain a neat and organized office area.

Scheduling Requirements

- Hours Worked Requirements: Assistant Managers may work up to five hours of overtime per week. If an Assistant manager chooses to work over 40 hours per week, their schedule would include five, eight hour shifts, Monday through Friday. Overtime hours would be worked on Saturday or Sunday.
- Assistant managers who do not work overtime will be scheduled four, eight hour shifts, Monday through Friday and one, eight hour shift on Saturday or Sunday.
- An Assistant Manager is required to work a minimum of two second shifts/closing shifts per week. Due to scheduling needs, an Assistant Manager may be required to work Saturday and Sunday; and more than two second/closing shifts per week.

Merchandising

- Ensure a high standard of merchandise presentation and store cleanliness.
- Responsible for maintaining and operating programs that comprise the store's food service category so as to maximize sales and minimize waste.
- Check vendors in and out.
- Assist in creating/placing displays and signage for current promotions.

Human Resources

- Assist with recruiting and interviewing candidates.
- Train new employees.
- Provide input to Store Manager regarding employee performance/conduct and participate in disciplinary meetings.

Accounting

- Conduct shift checkouts.
- Assist with sales report activity.
- Report unusual variances (e.g., daily cash variances, etc.).

Safety and Maintenance

- Oversee general cleanliness and condition of equipment, reporting any need for attention to the Store Manager.
- Ensure shift-to-shift adherence of temperature check procedure.
- Manage gasoline activity according to procedure.

Other

- Other duties as assigned.

COMPETENCIES/SKILLS

- Superior communications skills, both written and verbal.
- Able to operate a computer on a basic level (email, spreadsheets).
- Possess the ability to work in a fast-paced, deadline driven environment.
- Exceptional customer service and interpersonal skills.
- Strong written and verbal communication skills.
- The ability to work both independently and as part of a team.