CRISWELL AUTOMOTIVE

CRISWELL CHEVROLET
503 Quince Orchard Road
Gaithersburg, MD 20878
301.948.0880

CRISWELL CHRYSLER DODGE JEEP RAM FIAT
84 Bureau Drive
Gaithersburg, MD 20878
301.212.4400

CRISWELL COMMERCIAL TRUCKS ISUZU
24320 Frederick Road
Clarksburg, MD 20871
301.637.4763

CRISWELL HONDA
19525 Amaranth Drive
Germantown, MD 20874
240.864.0880

CRISWELL MASERATI
19570 Amaranth Drive
Germantown, MD 20874
240.364.7300

CRISWELL ALFA ROMEO
19570 Amaranth Drive
Germantown, MD 20874
240.364.7300

CRISWELL NISSAN
19574 Amaranth Drive
Germantown, MD 20874
301.670.3900

CRISWELL CHEVROLET of THURMONT
111 Frederick Road
Thurmont, MD 21788
240.772.3400

CRISWELL CHRYSLER DODGE JEEP RAM of THURMONT
103 Frederick Road
Thurmont, MD 21788
301.637.4378

CRISWELL FORD
430 Hoover Road
Woodstock, VA 22664
540.534.0200

CRISWELL CHRYSLER DODGE JEEP RAM of WOODSTOCK
1299 Henry Ford Drive
Woodstock, VA 22664
540.908.4293

ADA Reasonable Accommodation Policy and Procedures for Requesting a Reasonable Accommodation

Criswell Chevrolet, Inc. (the "Company") is committed to complying fully with the Americans with Disabilities Act (ADA), the ADA Amendments Act (ADAAA), and all applicable state and local laws ensuring equal opportunity for qualified individuals with disabilities. It is our policy to provide reasonable accommodations to qualified employees and applicants with disabilities to enable them to perform the essential functions of their job, unless doing so would cause an undue hardship or pose a direct threat to the health or safety of the individual or others. The Company strives to provide a safe work environment for all employees. The purpose of any work accommodation is to ensure that all employees have a safe and functional work environment that provides them with the tools and resources to function well in their role.

The accommodation process involves an in-depth review of the job requirements and the limitations or performance problems the employee's disability creates to identify changes or modifications that will allow the employee to perform the essential duties of his or her job. The Company will engage in an interactive process with individuals who request or require reasonable accommodations and undertake individualized assessments to determine what, if any accommodations would be reasonable and effective given the circumstances of each individual.

The Company begins the ADA Accommodations Request by reviewing the essential job duties of the position, engaging in an interactive process with the employee and conducting a careful analysis of the employee's requested accommodation. The Company may determine that providing the requested accommodation creates an undue hardship when the cost of providing the requested accommodation has a grave financial impact on the organization or is unduly disruptive. If that occurs, the Company will continue to work with the employee to determine whether there are any alternative effective accommodations that are available to assist the employee in performing the essential elements of the employee's job.

The Company's accommodation process is governed by the following guidelines:

1. **Employee Request for Accommodation**

- An employee or job applicant who believes they need a reasonable accommodation to perform the essential functions of a job should submit a request to Sarah Criswell, Human Resources Coordinator, or the person serving in this role, or Barbara Menso, Assistant to the President.

- Requests may be made orally or in writing. The Company encourages the use of the ADA Accommodation Request Form, but this is not required and failure to use the form will not prevent or delay the interactive process.

2. **Interactive Process**

- Upon receipt of a request for accommodation, the Company will conduct a prompt, good-faith interactive process with the individual to determine:

    a. Whether the individual has a qualifying disability;
    b. What functional limitations are relevant to the job; and
    c. What accommodations may be effective in enabling the individual to perform the essential job functions.

3. **Medical Documentation**

- To facilitate this process, the Company may request medical documentation from a qualified health care provider to support the accommodation request.

- All medical information will be kept confidential and stored in a separate file from personnel records, in accordance with the ADA and other applicable laws.

4. **Determination and Implementation**

- After engaging in the interactive process, the Company will determine whether a reasonable accommodation can be provided without undue hardship.

- If an accommodation is granted, the employee will be notified, and the accommodation will be implemented promptly. At the Company's discretion, the accommodation may be temporary, and the Company reserves the right to review, revise or revoke the accommodation at any time based on business needs or other relevant factors.

- If the requested accommodation is not feasible, or if it imposes undue hardship on the Company, or if it results in unsafe working conditions for the employee or others, the Company will continue to work with the employee to explore whether possible alternative effective accommodations can be implemented. The employee's input will be considered throughout the process.

5. **Confidentiality**

- Information regarding an individual's disability and accommodation request will be treated as confidential and shared only on a need to know basis.

6. Non-Retaliation

- The Company prohibits discrimination and retaliation against any individual for requesting an accommodation, participating in the interactive process, or filing a complaint under the ADA.

7. Complaint Procedure

- Employees who believe they have been discriminated against or retaliated against under this policy may file a complaint with Human Resources, their immediate supervisor or any member of management.
- Complaints will be investigated promptly and thoroughly, and appropriate corrective action will be taken, if necessary.

For questions about this policy or to request an accommodation, contact:

Sarah Criswell
Human Resources Coordinator
(301) 212-4432
scriswell@criswellauto.com

Barbara Menso
Assistant to the President
301-212-4499
bmenso@criswellauto.com

CRISWELL AUTOMOTIVE

CRISWELL CHEVROLET
503 Quince Orchard Road
Gaithersburg, MD 20878
301.948.0880

CRISWELL CHRYSLER DODGE JEEP RAM FIAT
84 Bureau Drive
Gaithersburg, MD 20878
301.212.4400

CRISWELL COMMERCIAL TRUCKS ISUZU
24320 Frederick Road
Clarksburg, MD 20871
301.637.4763

CRISWELL HONDA
19525 Amaranth Drive
Germantown, MD 20874
240.864.0880

CRISWELL MASERATI
19570 Amaranth Drive
Germantown, MD 20874
240.364.7300

CRISWELL ALFA ROMEO
19570 Amaranth Drive
Germantown, MD 20874
240.364.7300

CRISWELL NISSAN
19574 Amaranth Drive
Germantown, MD 20874
301.670.3900

CRISWELL CHEVROLET of THURMONT
111 Frederick Road
Thurmont, MD 21788
240.772.3400

CRISWELL CHRYSLER DODGE JEEP RAM of THURMONT
103 Frederick Road
Thurmont, MD 21788
301.637.4378

CRISWELL FORD
430 Hoover Road
Woodstock, VA 22664
540.534.0200

CRISWELL CHRYSLER DODGE JEEP RAM of WOODSTOCK
1299 Henry Ford Drive
Woodstock, VA 22664
540.908.4293

ADA Accommodation Request Form

(to be completed by the employee)

Date

Employee Name | Employee Phone

Email | Job Title

Department

Supervisor's Name

Describe the nature, extent, and duration of your disablility

Describe how your disability will/may impact your work performance

Describe the accommodations you believe are needed to enable you to perform the essential functions of this job

Provide the name, address, telephone, and fax numbers of your health care provider.
The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

Attach any supporting documentation that may be helpful in evaluating this request for accommodation. Please use the attached Physician Evaluation Form when possible.

I authorize the release of information regarding my disability to Criswell Chevrolet, Inc.'s management as deemed necessary by human resources to facilitate this request for accommodation.

Employee signature | Date

Physical Evaluation Form

(This form must be completed by a licensed medical Physician, Psychiatrist, Psychologist, etc.)

Section A: To Be Completed by the Employer

The individual listed above has requested a workplace accommodation under the Americans with Disabilities Act (ADA). To evaluate the request, we are requesting medical information that is relevant to the employee's ability to perform the essential functions of the job and to identify appropriate accommodations.

Please complete Section B and return this form to:

Contact Person: Sarah Criswell
Title: Human Resources Coordinator
Phone: (301) 212-4432
Fax or Email: scriswell@criswellauto.com
Mailing Address: 503 Quince Orchard Rd., Gaithersburg, MD 20878

Section B: To Be Completed by the Health Care Provider

1. Provider Information

Name

Specialty

Phone Fax

Address

Signature Date

2. Does the individual have a physical or mental impairment?
☐ Yes ☐ No

If yes, please describe the nature of the impairment (do not include diagnosis unless necessary to describe functional limitations):

3. Does the condition substantially limit one or more major life activities?
☐ Yes ☐ No ☐ Unknown

If yes, what major life activity(ies) is/are affected?
☐ Walking ☐ Standing ☐ Lifting ☐ Concentrating
☐ Seeing ☐ Hearing ☐ Speaking ☐ Breathing
☐ Learning ☐ Bending ☐ Working ☐ Other: _____

4. Expected Duration of the Impairment:
☐ Temporary – Expected to last until: _____
☐ Permanent or Ongoing
☐ Episodic or Intermittent – Frequency: _____

5. What functional limitations is the employee experiencing that may affect job performance or acces to the work environment?

6. Are these limitations likely to impact the employee's ability to perform essential job functions?
☐ Yes ☐ No

If Yes, please Describe:

7. Are there any specific accommodations you recommend that may assist the employee in performing their job or accessing the workplace?
☐ Yes ☐ No

If Yes, please Describe:

8. Additional Comments (optional)

To the Physician:
By submitting this form with your signature, you are verifying that you have formally diagnosed the employee named on this form as having the disability documented above or, in your professional capacity; you have worked with the employee in dealing with the disability documented above. You further verify that the accommodation you recommend is necessary to fairly demonstrate the employee's ability in work setting. The purpose of any work accommodation is to ensure that the employee has a safe and functional work environment that provides them with the tools and resources to function well in their role. Criswell Chevrolet, Inc.'s intent is to provide equal opportunity for all employees.

Physician Signature Date

Instructions for Return

Please return this completed form to the contact person listed in Section A. All medical information will be kept confidential and maintained in a separate file in accordance with the ADA. **Thank you for your Assistance.**