

5.5.4 Individual Workspace Reconfiguration

(a) Policy

California Correctional Health Care Services (CCHCS), Business Operations Section (BOS) shall maintain a process for staff to request individual workspace reconfigurations. Cubicle and office designs shall be based on standard/typical furniture layouts. Deviations from the standard/typical furniture layouts may be accommodated for certain building constraints as deemed necessary by BOS staff.

(b) Applicability

This policy and procedure applies to all staff who are assigned a workspace in any CCHCS leased space managed by the BOS.

(c) Procedure

(1) The Space Management Unit, the BOS, is responsible for the management of all CCHCS leased space, modular systems furniture, and conventional office furniture. There are two types of reconfigurations: Reasonable Accommodation/Ergonomic Evaluation reconfigurations and Legitimate Business Need reconfigurations.

(2) Requests for individual workspace reconfigurations which deviate from the standard/typical office configuration due to a request for an approved reasonable accommodation or ergonomic evaluation from the Disability Management Unit (DMU) shall adhere to the following process:

(A) **Reasonable Accommodation:** Workspace reconfiguration includes, but is not limited to:

1. Lighting changes.
2. Workspace reconfigurations.
3. Sit/stand workstations.
4. Air purifiers.
5. Equipment containing heating elements.

The Request for Reasonable Accommodation (RRA) may be submitted by an employee verbally, in writing, or via a [CDCR 855, Request for Reasonable Accommodation](#). The employee shall submit the RRA to their manager/supervisor or Return to Work Coordinator for processing.

(B) **Ergonomic Evaluation:** Workspace reconfiguration includes, but is not limited to:

1. Desk height adjustments.
2. Relocation of pull out trays.
3. Keyboard trays.
4. Shelving.

The [CDCR 2252, Ergonomic Evaluation Request](#), shall be sent to CDCRCCHCSErgonomicEvaluations@cdcr.ca.gov by the requesting program.

(C) **Cost Estimate Approval**

1. Once DMU has determined the appropriate accommodation, a cost estimate memorandum shall be provided to the program's Deputy Director, or designee, for approval.
2. Once the cost estimate is approved, it shall be sent to the Fiscal Management Section for review and approval to ensure the funding is available and the cost is included in the program's spend plan.
3. The expense of the individual workspace reconfiguration shall be charged to the program.
4. If funding is unavailable, the request for reconfiguration shall be approved and the cost estimate signed by the Director, Health Care Policy and Administration.

(D) **Request for Workspace Reconfiguration**

A signed [Service Request Form](#) and approved cost estimate shall be attached to the service request to the BOS through the CCHCS Service Portal.

1. If the cost estimate is not approved, the BOS shall not proceed with the requested workspace reconfiguration.

(E) **Completion of Work:** BOS staff shall coordinate with the appropriate subcontractors and the staff member(s) in the impacted workspace(s) to complete the workspace reconfiguration.

(3) Requests for an individual workspace reconfiguration that deviate from the typical office configuration for a legitimate business need shall adhere to the following process.

(A) **Legitimate Business Need**

Any staff member can submit the request through the CCHCS Service Portal.

1. The staff member shall complete and attach a [Service Request Form](#).

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2. The Service Request Form shall include the legitimate business need for the workspace reconfiguration and shall be approved and signed by the program's Deputy Director or designee.
3. The Deputy Director, Business Services, shall review the request for workspace reconfiguration and determine if a reconfiguration is necessary.
4. If the request is approved, the Deputy Director, Business Services, shall sign the bottom of the Service Request Form.
5. If the request is not approved, the BOS shall not proceed with the requested reconfiguration.

(B) Approved Cost Estimate

1. If the Deputy Director, Business Services, approves the request for workspace reconfiguration, BOS staff shall provide a cost estimate memorandum to the program's Deputy Director or designee, for approval.
2. Once the cost estimate is approved by the program and the BOS, it shall be sent to the Fiscal Management Section by the requesting program for review and approval to ensure the funding is available and the cost is included in the program's spend plan.
3. The expense of the individual workspace reconfiguration shall be charged to the program requesting the reconfiguration.
4. If funding is unavailable, the request for reconfiguration shall be approved and the cost estimate signed by the Director, Health Care Policy and Administration.

(C) Request for Reconfiguration: Upon cost estimate approval, the cost estimate shall be attached to the existing request for reconfiguration ticket by the requesting program in the CCHCS Service Portal.

(D) Completion of Work: BOS staff shall coordinate with the appropriate subcontractors and the staff member(s) in the impacted workspace(s) to complete the workspace reconfiguration.

Links

- CCHCS Service Portal
https://cchcsprod.servicenowservices.com/sp?sysparm_stack=no
- CDCR 855, Request for Reasonable Accommodation
<http://lifeline/PolicyandAdministration/ResourceManagement/HumanResources/General%20Personnel/CDCR%20855%20-%20Request%20for%20Reasonable%20Accommodation.pdf>
- Service Request Form
<http://lifeline/PolicyandAdministration/BusinessServices/Facilities/Facilities/Service%20Request%20Form.pdf>

Revision History

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