



**Section II - This section should be completed only by Job Applicants.**

**Where applicable, please provide the following information:**

Position/Title applied for:

Unit or Agency:

Location of Position:

Job Vacancy Notice Number:

Part(s) of application process for which an accommodation is requested (e.g. application, examination, interview):

Agency Contact Person, if known:

Date of Examination / Interview, if known:

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section III - This section should be completed only by Employees.**

Position/Title applied:

Unit or Agency:

Location of Position:

Supervisor:

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section IV - This section should be completed by agency staff supervising the employment application process or supervising an employee requesting a reasonable accommodation.**

Supervisor Name and Title:

Unit/Agency:

Location:

Telephone:

Date Request Received:

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

After completing this section, supervisor must return a copy of this form to the individual requesting an accommodation, immediately send a copy to the Equal Opportunity Liaison / Designated Staff Member, and take such further action as is required by the Reasonable Accommodation Policy and Procedure.



**Section V – This section should be completed by the Equal Opportunity Liaison or Designated Staff Member.**

**Agency Name**

**Name**

**Address:**

**Telephone:**

**Date Request Received:**

**Comments (should include entry date(s). Attach additional sheets, if needed**

**Determination of Reasonable Accommodation Request:**

Approved

Disapproved

Alternate Accommodation (Specify below<sup>1</sup>)

<sup>1</sup> An “alternative accommodation” must be proposed in all cases in which the requested accommodation is denied because the Agency has determined that it will create an undue hardship, or the requested modification is denied because the Agency has determined that it would result in a fundamental alteration.

The Department of Youth and Community Development is an equal opportunity employer / program.  
Auxiliary aids and services are available upon request to individuals with disabilities.



**APPEAL THE DENIAL**

The request is reviewed by the Local Workforce Investment Act Equal Opportunity Officer. After reviewing your request, the Equal Opportunity Officer will notify the Agency as to whether s/he either concurs with the agency’s decision or asks the agency to reconsider the decision.

If you choose to appeal the denial, sign the authorization below in Section VI and return this form to the Equal Opportunity Officer as specified below. Within three to five business days the Equal Opportunity Officer will inform you in writing of the Final Determination.

**DISCRIMINATION COMPLAINT PROCESS**

The individual requesting the reasonable accommodation has the right to file a complaint if he / she feel that denial of the request results in an act of discrimination. Such complaints must be filed within 180 days from the date of the alleged discrimination to one of the following:

- 1. **Denise Pilgrim**  
**Department of Youth and Community Development**  
**Equal Opportunity Officer**  
**161 William Street – Room 827**  
**New York, New York 10038**
  
- 2. **Director, Civil Rights Center (CRC)**  
**U.S. Department of Labor**  
**200 Constitution Avenue N.W**  
**Room N-4123**  
**Washington, D.C. 20210**

**However, exceptions to this rule exist: The Director of CRC may extend the filing time if good cause is shown for not filling on time. The time period for filing is for the administrative convenience of CRC and does not create a defense for the respondent.**

**Note: If you originally file your complaint with DYCD, and later choose to file with CRC because you are dissatisfied with the DYCD decision, the CRC complaint must be filed within 30 days of receipt of a Notice of Final Action from DYCD.**

Section VI – Authorization for Review	
<p style="color: blue;">I give authorization for the release of all information pertaining to my request for a reasonable accommodation to the DYCD, and, if necessary, to the U.S. Department of Labor's Civil Rights Center. I understand that this information will be disclosed only to persons with a need to know, and will be utilized solely to evaluate my request for an accommodation.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>