

REASONABLE ACCOMMODATION REQUEST FORM

This form and all information must be kept confidential.

APPLICANT/EMPLOYEE INFORMATION		
Print Full Name:		<input type="checkbox"/> Job Applicant <input type="checkbox"/> Current Employee <input type="checkbox"/> Other
Home or Work Address:		Phone Number:
EMPLOYEE INFORMATION (Complete this section if you are working at the agency even if you are currently on leave.)		
Civil Service Title:		Office Title:
Office Telephone Number:	Division:	Supervisor Name and Phone Number:
Location:		
APPLICANT INFORMATION (Complete this section only if you are a <u>job applicant</u>)		
Position/Title Sought:		Division/Unit (if known):
Location of Position (if known):		
Part(s) of employment process for which an accommodation is requested:		
<input type="checkbox"/> Job Application	Job Vacancy Notice Number (if known):	

<input type="checkbox"/> Interview	Interview Date:
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At Work

Other (please specify):

Agency Contact Person (if known):	Phone Number:
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Basis of reasonable accommodation request:

Disability
 Religion

Describe your religious belief/practice /observances and identify the accommodations that you request:

Status as Victim of Domestic Violence Sex Offenses or Stalking
 Pregnancy, childbirth or a related medical condition

Identify the situation which requires accommodation. Be specific.
(Attach additional sheets of paper, if necessary.)

Is the condition for which you are requesting an accommodation

Permanent Temporary Unknown

Describe the nature of the reasonable accommodation requested and how the accommodation will assist you to perform the essential functions of the position held or desired, or to enjoy the benefits and privileges of employment. Please be specific.

(Attach additional sheets and present supporting documentation as appropriate.)

If equipment is requested, please explain.

For Reasonable Accommodations based on Disability you are required to provide verification by a health professional or a disability service provider (e.g. Access-VR, NYS Commission for the Blind and Visually Impaired.)

This CONFIDENTIAL documentation should be provided to the Disabilities Rights Coordinator or EEO Officer.

Documentation must:

- Be written on the official letterhead of the qualified health professional or health professional's organization.
- Identify the health professional's credentials. e.g., M.D., D.O.
- Be dated and signed by the health professional.
- Describe the severity of the disability and its limitations in detail as they currently exist in relationship to the job.
- State whether the duration of the disability is permanent or temporary or unknown.
- Indicate the extent to which the accommodation will permit you to perform the essential functions of the job or to enjoy the benefits and privileges of employment.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Date:

Requestor's Signature/Authorized Agent:

DO NOT WRITE IN THIS SECTION

To be completed by agency staff supervising the employment application process or supervising an employee requesting a reasonable accommodation. After completing, supervisors must provide a copy of the entire form to the employee or applicant, and immediately send a copy to the EEO Officer or DRC.

Name and Title of Supervisor or Staff supervising application process:

Unit/Division:

Location:

Phone Number:

Date Request Received:

**Supporting Documentation
Included**

**Supporting Documentation
Not Included**

Date:

Signature:

To be completed by the DRC or EEO Officer:

Date Requested Received by DRC or EEO Officer:

Date Supporting Documentation Received by DRC or EEO Officer (if any):

Signature