



LISA BOVA-HIATT
CHIEF EXECUTIVE OFFICER

REASONABLE ACCOMMODATION REQUEST FORM

The New York City Housing Authority (NYCHA) will provide reasonable accommodations for job applicants and employees to enable them to either apply for a position at NYCHA or perform the essential functions of their job, unless providing such accommodation would create an undue hardship or pose a direct threat of harm to the health and safety of others.

A job applicant or employee may request an accommodation based on the following protected categories: (1) disability, (2) pregnancy, childbirth, or a related medical condition including lactation needs, (3) religion, and (4) status as victim of domestic violence, sex offense or stalking.

This form shall be made available to and used by all job applicants and employees requesting a reasonable accommodation in accordance with NYCHA's Reasonable Accommodation Policy.

SECTION I: NAME AND CONTACT INFORMATION

Full Name: _____

[] Current Employee

Kronos ID: _____

[] Job Applicant

Phone Number: _____

Email Address: _____

SECTION II: EMPLOYEE & SUPERVISOR INFORMATION

(Complete this section only if you are a current employee)

Civil Service Title: _____ Office Title: _____

Development/Department: _____

Work Location/Address: _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Phone Number: _____

Supervisor Email Address: _____



SECTION III: APPLICANT INFORMATION

(Complete this section only if you are a job applicant)

Position/Title Applied For: _____

Development/Department (if known): _____

Job Vacancy Notice Number (if known): _____

Part(s) of the application or hiring process for which an accommodation is requested:
(please check box below):

Job Application Submission

Interview

Other (please specify):

NYCHA Hiring Manager Contact: (if known) _____

SECTION IV: BASIS OF REASONABLE ACCOMMODATION REQUEST

Disability

Pregnancy, Childbirth, a Related Medical Condition, or Lactation needs

Religion

Status as Victim of Domestic Violence, Sex Offenses, or Stalking

What is the duration of the requested accommodation?

Permanent

Temporary

Unknown

If temporary, indicate anticipated end date of accommodation(s): _____

Describe in detail the condition or circumstance that may require an accommodation, the type of accommodation requested, and how the accommodation will assist you to perform the essential functions of the position held or applied for. (Attach additional sheets and present supporting documentation as appropriate.)



SECTION V: CERTIFICATION AND SIGNATURE

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.

Signature: _____ Date: _____
(mm/dd/yyyy)

Please submit this form and any supporting documentation directly to the Reasonable Accommodations (RA) Unit – Office of EEO, Fair Housing, and Access Services at emp.rar@nycha.nyc.gov.
If you have any questions regarding this form, please email the RA Unit directly.

A translation of this document is available on NYCHA’s website: on.nyc.gov/nycha-policies
La traducción de este documento está disponible en el sitio web de NYCHA: on.nyc.gov/nycha-policies
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