



**REASONABLE ACCOMMODATION REQUEST
FOR JOB APPLICANTS**
PD 407-015 (Rev. 01-19)

FOR EEO USE ONLY

RA No. _____

Date Request

Received: _____

CONFIDENTIAL

The New York City Police Department will make reasonable accommodations to qualified job applicants with disabilities, religious beliefs/practices/observances, those who are pregnant and/or recovering from childbirth or a related medical condition, and victims of domestic violence, sex offenses, or stalking unless providing such accommodations would impose undue hardship.

SECTION I – This section to be completed by job applicant. Upon completion of this section, submit this form to NYPD hiring personnel responsible for conducting the employment application process.

Name: _____

Address: _____

Home Phone No.: _____ Cell Phone No.: _____

Email: _____

Position Sought: _____ Date Request Received: _____

Department or Unit (*if known*): _____

Location of Position (*if known*): _____

Parts of the employment process for which an accommodation is requested:

Job Application Job Vacancy Notice Number (*if known*): _____

Interview Interview Date: _____

Exam Examination Date: _____ Exam No. _____

At Work

Other (*please specify*): _____

NYPD Contact Person (*if known*): _____

Phone Number: _____

Basis of reasonable accommodation request:

Disability

Religious

Describe your religious belief/practice/observances and identify the accommodation(s) you request:

Status as Victim of Domestic Violence, Sex Offenses or Stalking

Pregnancy, Childbirth, or a Related Medical Condition

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Identify the situation which requires accommodation:

Please be specific. Attach additional sheets of paper, if necessary

Is the condition for which you are requesting an accommodation:

Permanent

Temporary

Unknown

If temporary, anticipated date accommodation(s) no longer needed: _____

Describe the nature of 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 specify brand, model number, and vendor, if known.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

For Reasonable Accommodations based on Disability, you may be 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, etc.)

**This CONFIDENTIAL documentation must be provided to the
Equal Employment Opportunity Division**

Documentation must:

- Be written on official letterhead of the qualified health professional or health professional's organization.
- Identify the health professional's credentials (e.g., M.D., D.O., etc.).
- Be dated and signed by the health professional.
- Describe the severity of the disability and its limitations, in detail, as they currently exist and only in relationship to the job.
- State whether the duration of disability is permanent or temporary or unknown.
 - If temporary, specify the date the disability is expected to no longer require accommodation.
- 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.

Applicant's Signature: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

CONFIDENTIAL

SECTION II – Must be completed by the **NYPD hiring personnel** responsible for interviewing or supervising the employment application process:

Hiring Member's Rank/Title and Name: _____

Command: _____ Tax No.: _____

Supervisor Telephone No. _____

Cell Phone No. _____

Best E-mail Address: _____

Date Request Received: _____

SECTION III – NYC Police Department hiring personnel **must promptly** telephone the Deputy Commissioner, Office of Equity and Inclusion, Equal Employment Opportunity Division (EEOD) at (646) 610-5330 to inform the EEOD of the applicant's name, the accommodation requested, and other pertinent information.

Name of EEOD member notified: _____

Hiring Personnel's Signature: _____ Date: _____

After completing the above sections, **NYPD hiring personnel** must:

- Provide a copy of this form to the applicant.
- Fax or email a copy to the Reasonable Accommodation Unit at (646) 610-5898 or ReasonableAccommodation.request@nypd.org.
- Ensure that confidentiality is maintained and take necessary action as required by Administrative Guide procedure 320-47.
- Forward original request and any supporting documentation to the:

**DEPUTY COMMISSIONER, OFFICE OF EQUITY AND INCLUSION
EQUAL EMPLOYMENT OPPORTUNITY DIVISION
ONE POLICE PLAZA, ROOM 1204
NEW YORK, NEW YORK 10038
ATTN: REASONABLE ACCOMMODATION UNIT**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER