

**Appendix A**

**REASONABLE ACCOMMODATION REQUEST FORM**

This form and all information must be kept confidential.

<b>APPLICANT/EMPLOYEE INFORMATION</b>		
Print Full Name		<input type="checkbox"/> Job Applicant <input type="checkbox"/> Current Employee <input type="checkbox"/> Other
Home or Work Address		Phone Number
<b>EMPLOYEE INFORMATION</b> (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		
<b>APPLICANT INFORMATION</b> (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:
<input type="checkbox"/> At Work	
<input type="checkbox"/> Other (please specify):	
Agency Contact Person (if known)	Phone Number
<p><b>Basis of reasonable accommodation request:</b></p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Religion</p> <p style="margin-left: 40px;"><b>Describe your religious belief/practice/observances and identify the accommodations that you request:</b></p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p> <p><input type="checkbox"/> Status as Victim of Domestic Violence Sex Offenses or Stalking</p> <p><input type="checkbox"/> Pregnancy, childbirth or a related medical condition</p>	
<p><b>Identify the situation which requires accommodation.</b></p> <p><b><u>Be specific.</u> (Attach additional sheets of paper, if necessary.)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>Is the condition for which you are requesting an accommodation</b></p> <p><input type="checkbox"/> Permanent                      <input type="checkbox"/> Temporary                      <input type="checkbox"/> Unknown</p> <p><b>If temporary, anticipated date accommodation(s) no longer needed:</b></p> <p>_____</p>	

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.)

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If equipment is requested, please specify brand, model number and vendor, if known.

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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).

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 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.

Date	Requestor's Signature/Authorized Agent
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**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 Request Received by DRC or EEO Officer:

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

Signature