

Bill Chong Commissioner

2 Lafayette Street, 19th Floor New York, NY 10007

646 343 6000 tel **646 343 6613** fax

www.nyc.gov/dycd

REQUEST FOR REASONABLE ACCOMMODATION

INSTRUCTIONS:

- ▶ <u>ALL</u> individuals requesting reasonable accommodation should complete <u>Section I</u>.
- ▶ Job Applicants must complete Sections I and II and submit this form to the Agency staff supervising the application process.
- **Employees** must complete **Sections I and III** and submit this form to your immediate supervisor.
- ▶ <u>Supervisors</u> receiving a request for reasonable accommodation should complete <u>Section IV</u>, return one copy of the completed form to the applicant or employee
- ► The <u>EO Liaison/designated staff member</u> should complete and update <u>Section V</u>, as appropriate.

All information received by the Agency pertaining to a request for reasonable accommodation will be kept confidential, maintained separately from personnel records and used only in conjunction with the Department's Equal Opportunity efforts.

Section I – This section should be completed by all individuals requesting reasonable accommodations.		
Last Name:	First Name:	
Address:	Telephone:	
Check the appropriate box:		
Accommodation Request (attach additional sheets and supp	porting documentation, as appropriate)	
Signature	Date	

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):	
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Agency Contact Person, if known:		
Date of Examination / Interview, if known:		
Signature_	Date	
Section III - This section should be completed only by Em	ployees.	
Position/Title applied:		
Unit or Agency:		
Location of Position:		
Supervisor:		
Signature	Date	
Section IV - This section should be completed by agency supervising an employee requesting a reasonable accomm		
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 da		
		•
Determination of Reasonable Accor	nmodation Request:	
☐ Approved	☐ Disapproved	☐ Alternate Accommodation (Specify below¹)

¹ 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.

Section V – cont'd		
Process utilized for Determination: (Attach additional sheets, if necessary)		
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Equal Opportunity Liaison's Signature	Date	
** Note: A copy of the completed form must be forwarded t	o the Equal Opportunity Workforce Investment Act	
Director as specified below:	o the Equal Opportunity – workforce investment Act	
Denise Pilgrim		
Department of Youth and Community Developme	nt	
161 William Street – Room 827		
New York, New York 10038		
DYCD USE ONLY		
☐ Agree ☐ Disagree		
- Disagree		
Comments:		
Comments.		
Date	Director of Equal Opportunity – Workforce Investment Act	
In the case of denial of a request for reasonable accommodation, the		
Please see page 5 for a description of these options.	To are several options which may be pursued.	

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.

<u>Note</u>: 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	
I give authorization for the release of all information pertaining DYCD, and, if necessary, to the U.S. Department of Labor's Cividisclosed only to persons with a need to know, and will be utilized	I Rights Center. I understand that this information will be
Signature	Date