



**CORRECTION DEPARTMENT
CITY OF NEW YORK**



REQUEST FOR REASONABLE ACCOMMODATION

Form: RRA-1
Eff.: 09/14/16
Ref.: Dir. #2232R-B

SECTION I - TO BE COMPLETED BY APPLICANT / EMPLOYEE

A) Applicant / Employee's Data:

Last Name: _____ First Name: _____ Rank/Title: _____ Shield/ID #: _____

Address: _____ Town/Borough: _____

State/Province: _____ Postal Code: _____ Telephone #: _____

Please check one below

Job Applicant

Department Employee

B) Applicant Information (complete this section only if you are applying for a job with the department or undergoing the selection process)

Position / Title Applied for: _____

Location of Position (if known): _____

Part(s) of employment process for which an accommodation is requested *(Check all that apply):*

Job Application

Interview

Other: _____

(Write in description)

Department Contact Person (if known): _____ Telephone #: _____

C) Complete this section only if current employee:

Civil Service Title / Office Title : _____

Work Telephone Number: _____

Work Assignment Location: _____

D) Type of Accommodation Sought (check one):

Disability

Religious

Victim of: Domestic Violence / Sex Offenses / Stalking

Pregnancy, Pregnancy Related Conditions

E) Reasonable Accommodation Request:

(Identify the situation which requires an accommodation. Be specific and attach additional sheets if necessary.)

Is the condition for which you are requesting an accommodation? *(Select one):*

Permanent

Temporary. If temporary, anticipated date accommodation is no longer needed _____

Unknown

Date

SECTION-E CONTINUED ON OTHER SIDE

