

REQUEST FOR REASONABLE ACCOMMODATION

The City of New York will make reasonable accommodation to qualified applicants and employees with disabilities to enable them to perform the essential functions of their jobs, or to enjoy the equal benefits and privileges of employment and the employment process, unless providing such accommodation would impose an undue hardship. This form shall be made available to and used by all applicants and employees requesting reasonable accommodation, in conjunction with the City’s Reasonable Accommodation Policy and Procedure.

INSTRUCTIONS: Applicants should complete sections I and II and submit this form to the agency staff supervising the application process. Current employees should complete sections I and III and submit this form to their immediate supervisors. Supervisors receiving requests for reasonable accommodation should complete section IV, return one copy of the completed form to the applicant or employee requesting the accommodation, and immediately forward a second copy of the form to the agency Disability Rights Coordinator (DRC). The DRC should complete and update section V as appropriate. Agency supervisory staff and/or DRCs shall assist applicants or employees in completing this form where requested.

Section I – This section should be completed by both applicants and current employees.

Name _____

Address _____

Phone _____

Accommodation Requested (attach additional sheets and supporting documentation as appropriate)

Section II – Complete this section only if you are a job applicant.

Position/Title applied for _____

Unit or Agency (if known) _____

Location of Position (if known) _____

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Section II (for applicants only), continued

Job Vacancy Notice Number (if known) _____

Part(s) of employment process for which an accommodation is requested (eg., application, examination, interview) _____

Agency Contact Person (if known) _____

Date of Examination/Interview _____

Section III – Complete this section only if you are an employee (even if you are currently on leave).

Position/Title _____

Unit/Agency _____

Location _____

Supervisor _____

Section IV – To be completed by agency staff supervising the employment application process or supervising an employee requesting a reasonable accommodation.

Supervisor Name and Title _____

Unit/Agency _____

Location _____

Phone _____ Date Request Received _____

Supervisor Signature _____

NOTE TO SUPERVISOR: After completing this section, supervisors must return a copy of this form to the applicant or employee, immediately send a copy to the agency DRC, and take such further action as is required by the Reasonable Accommodation Policy and Procedure.

