

**State University of New York College
Current Employee, Faculty, and Staff
REQUEST FOR REASONABLE ACCOMMODATION**

Application may be made to your supervisor, or to the Director of Human Resources. **All** information pertaining to your request for a reasonable accommodation will be maintained separate from personnel records and may only be used in connection with accommodation efforts.

Section A: Personal Information
(to be completed by applicant)

Name _____ Work Telephone _____
Department _____ Work Location _____
Title _____ Email address: _____

Section B: Application for Reasonable Accommodation

(to be completed by applicant and returned to your supervisor or the Director of Human Resources within two business days)

___ Religious ___ Disability ___ Other Explain: _____

I am requesting the following reasonable accommodation(s): _____

It is necessary for me to have this accommodation for the following reason(s): _____

Signature _____ Date _____
(Employee)

Section C: Response to Request for an Accommodation
(to be completed by supervisor)

Approved *(Only after consulting with the College's Director of Human Resources)*
Comments _____

No decision has been made at this time. We will continue to assess your request. The College's Human Resources Officer will contact you within the next five business days.

Signature _____ Date _____
(Supervisor)

If the supervisor approves the accommodation, the form is sent to the College's Human Resources Director for recording and filing. However, if the request for reasonable accommodation may have an

impact on the terms of a collective bargaining agreement, the request must be reviewed by the campus designated responsible person for reasonable accommodation prior to a final determination or approval. In most instances, if the accommodation is not approved at the supervisory level, additional information will be needed in order to complete the assessment process. The College's Director of Human Resources will conduct a comprehensive review of the request. This may include, but not limited to asking for medical and other documentation, meeting with the employee and/or supervisor, arranging for a job analysis, consulting with other State agencies or community based organizations providing services to persons with disabilities, etc.

Section D: Notification of Need for Additional Information

(to be completed by the College's Director of Human Resources and returned to applicant)

Your supervisor has forwarded your application for a reasonable accommodation to the Director of Human Resources. We are continuing to assess your request. To make a determination, we need the following information:

Medical Documentation

Please inform your doctor of your application for an accommodation and have your doctor provide us medical documentation, including the limitations placed on your life functions and activities. We are interested in the limitations that the disability or religious ___ would place on your job performance. Information should be sent by _____ *(insert a date two weeks from today's here)* to: *Director of Human Resources, Payson 201, 34 Cornell Drive, Canton, NY 13617*

Other (may insert additional documents for religious accommodation here as well)

We require no additional information from you at this time.

The College review process will evaluate all relevant information. This may include an interview with you and/or your supervisor. After completion of the review, you will be informed in writing regarding the College's decision. We anticipate that the decision will be within 15 business days. If you have any questions, please call me at _____

Signature _____
(Director of Human Resources)

Date _____

Section E: Notification that Agency will Provide Reasonable Accommodation

(to be completed by the Director of Human Resources and returned to applicant)

We are pleased to inform you that based on additional information provided, SUNY at _____ is able to provide you the reasonable accommodation which you requested on _____. Please discuss this with your supervisor. If you have any questions, please call me at _____. A letter confirming this decision will be sent to you within the next five business days. We will review the accommodation again on _____

Signature _____
(Director of Human Resources)

Date _____

Section F:

(to be completed by the Director of Human Resources and returned to the applicant)

We regret to inform you that SUNY at _____ has denied your request for the accommodation which you made on _____. We are denying the request for the following reason(s): _____
(Date)

A letter from the Director of Human Resources confirming the decision will be sent to you within the next five business days of today's date.

You now have several options:

1. You may choose to accept the College's decision and end the process.
2. You may choose to use the external review process and ask the Compliance Review Board for a review (the Compliance Review Board is an *advisory body* and is made up of the Governor's Executive Committee for Affirmative Action. The President of the Civil Service Commission is the Chairperson of the Committee). After reviewing your request, the Board will notify the College. They will either concur with the initial decision or ask the College to reconsider its decision.

The external review process takes approximately 15 business days after your request is sent to the Department of Civil Service. Within 10 business days after the College receives the Compliance Review Board opinion, the President will inform you in writing of his or her final determination and will send you a copy of the Board's recommendation.

If the College continues to deny your request *after the external review process has been completed*, you may then file a discrimination complaint if you feel that the denial was based on discrimination.

-or-

You may choose to file a discrimination complaint *now* if you feel that the College's denial is based on discrimination. *If you choose this option at this time, you cannot use the external review process.*

3. In addition to the options stated above, other alternatives may also be available. This includes but are not limited to filing a complaint with any compliance agency designated under Section 503/504 of the Rehabilitation Act of 1973, filing a complaint under the New York State Human Rights Law and/or initiating a private right of action to challenge an alleged discriminatory act. For further information on these options, call the Office of Advocate for the Disabled at (800) 522-4369 (voice and TTY/TDD), (518) 473-4231 (TTY/TDD).
4. If the complainant decides to file or is considering a complaint with an external administrative agency or with the courts, complainant is advised that there are time limitations and jurisdictional prerequisites for filing such complaints or lawsuits. If the complainant is considering such options, that complainant should consult with a personal attorney and/or representatives of those external agencies. The statute of limitations for complainant's matter is not tolled (suspended) because complainant has filed an internal complaint or is participating in the college's internal complaint procedure.

If the complainant chooses to pursue the College internal procedure, the complainant is free to file a complaint with the appropriate state or federal agency at any point during the process. However, after filing with one of these outside enforcement agencies, or upon the initiation of litigation, the complaint shall be referred to the Office of College Counsel for review and defense or, if deemed appropriate by Counsel, involvement in mediation (Mediation is not an option for resolution in cases involving allegations of sexual assault.) conciliation or settlement with the external agency or such other actions as may be in the interests of the College, including termination of the internal procedure.

You may file any one or all of these complaints at any point after the first College denial of your request for an accommodation. *You may also simultaneously avail yourself of the external review process.*

Section G: Authorization for External Review by Compliance Review Board

If you wish to use the external review process, please complete the information below and return it to the Director of Human Resources within five business days.

All information received by the Department of Civil Service and the Governor's Executive Committee for Affirmative Action pertaining to your request for a reasonable accommodation is kept confidential.

I authorize SUNY at _____ to release all information pertaining to my request for an accommodation to the Department of Civil Service. This information will be used by the Governor's Executive Committee for Affirmative Action to assess my request for an accommodation.

Signature _____
(Employee)

Date _____

(Director of Human Resources returns the original of this form within 5 business days to the Reasonable Accommodations Unit – New York State Department of Civil Service.)