Request for Reasonable Accommodation

Initial Application is to be submitted to your supervisor.

Your supervisor must complete Section C and then return request to the Affirmative Action Office. All information received pertaining to your request for a reasonable accommodation is kept confidential. This information is maintained separate from personnel records.

**Section A – Personal Information (To be completed by applicant, please print/type.)**

Name: ____________________________  Title: ____________________________

Department: ____________________________  Work Location: ____________________________

Telephone (Work): ____________________________  (Cell): ____________________________  E-Mail: ____________________________

**Section B – Application for Reasonable Accommodation (To be completed by Applicant and submitted to Supervisor.)**

I am requesting the following reasonable accommodation(s):

____________________________________________________________________________________

____________________________________________________________________________________

The ADA provides accommodations for individuals with a disability that affects a major life activity required to perform the essential functions of a position. Which of the following major life activity(ies) are affected by disability? (circle all that apply)

Major life activities include, but are not limited to:


2. the operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions

3. Other: __________________________________________________________________________________

In what ways does your disability impact your ability to perform specific functions of your job (i.e. what specific functions or duties are you unable to perform without an accommodation due to your disability and why)?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I have medical documentation to support this request.  □ Yes  □ No

Signature: ____________________________  Date: ____________________________

Binghamton University is an Equal Opportunity Employer.

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Section C – Supervisor’s Response to Request for Reasonable Accommodation
(To be completed by Supervisor and sent to Affirmative Action Office within 7 working days of receipt.)

Please identify the essential job functions that this/these accommodation(s) are meant to address:

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

☐ I agree that the accommodation requested would allow this employee to perform the essential functions of the job.

Comments: ______________________________________________________________________________________________

☐ I do not have enough information to determine if the accommodation requested would allow this employee to perform the essential functions of the job.

Comments: ______________________________________________________________________________________________

Supervisor Name (Print): __________________________ Work Phone: 7-________ E-Mail: __________________________

Supervisor Signature: __________________________ Date: ______

(Note: There is no central University pool of funds. Funding for accommodations is the responsibility of the supervising department/school)

Section D – Notification of Need for Additional Information
(To be completed by the Affirmative Action Office and returned to Applicant.)

The Affirmative Action Office has received your application for a reasonable accommodation.

☐ We require no additional information from you at this time.

The review process will include an evaluation of 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 by the Affirmative Action Office regarding the decision. We anticipate that the decision will be made by (Date) __________. If you have any questions, please call the office at (607) 777-2486.

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 send us medical documentation, including the limitations placed on your life functions and activities. Information should be sent by (Date) ______ to: Binghamton University, Affirmative Action Office, AD 217, P.O. Box 6000, Binghamton, NY 13902. If you need more time, you must call the Affirmative Action Office at (607) 777-2486 to request an extension.

☐ Other ______________________________________________________________________________________________

____________________________________________________________________________________________

Signature ____________________________________________ Date: __________________________

(Affirmative Action Officer)
Section E - Notification that Binghamton University will provide Reasonable Accommodation(s)
(To be completed by the Affirmative Action Office and returned to Applicant.)

We are pleased to inform you that your application for reasonable accommodation has been approved. This decision will be communicated to your supervisor.
If you have any questions, please call the office at (607) 777-2486.

Signature: _______________________________ Date: __________________
(Affirmative Action Officer)

Section F – Notification of Denial for Accommodation
(To be completed by the Affirmative Action Office and returned to Applicant.)

Applicant Name: _______________________________ Title: _______________________________
Department: _______________________________ Work Location: _______________________________

Binghamton University regrets to inform you that your request for an accommodation dated __________ has been denied.

Your request was denied for the following reason(s):
_____________________________________
_____________________________________
_____________________________________

Signature: _______________________________ Date: __________________
(Affirmative Action Officer)

Denial of Request Options
You have a number of options if your Request for a Reasonable Accommodation is denied by the University.

• You may choose to accept the University’s decision and end the process at this point.
• You may file a Charge of Discrimination under the Americans with Disabilities Act with:
  o the Equal Employment Opportunity Commission (EEOC) within 300 days of denial of the request by this Department;
  o or with the State Division of Human Rights under the State Human Rights Law and/or the Americans with Disabilities Act within one year of the denial;
• Or you may initiate a private right of action in NYS Supreme Court within three years of the denial. Any one of the steps may be initiated at any point after the first agency denial.