

BINGHAMTON
UNIVERSITY

Application to Request Reasonable Accommodation of a Disability

Application for reasonable accommodation may be made to the supervisor or the agency's *Designee for Reasonable Accommodation (DRA)*. If the request is made to the supervisor, the supervisor shall forward the request to the DRA. **All confidential information received by Department personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

Section A

(To be completed by requestor and returned to supervisor or DRA)

Requestor's name _____

Civil Service title _____

Job title (if different) _____

Office/unit _____

Work location _____

Telephone number(s) _____	E-mail address _____
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Preferred method of communication _____

I am requesting the following reasonable accommodation(s):

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

Requestor's signature _____	Date _____
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The requestor should retain a copy of this form. The original is filed by the *DRA*

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Section B

Initial Response to Request for an Accommodation

(To be completed by DRA)

Requestor Name: _____

We have reviewed your application for an accommodation:

☐ Your request has been approved

Comments: _____

☐ No decision has been made at this time. We will continue to assess your request. The agency's DRA will contact you within the next 14 calendar days.

Comments: _____

Agency DRA's Signature: _____ Date: _____

DRA's name: _____

The employee should retain a copy of this form. The original will be filed by the Office of Equity and Access.

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Section C

Notification of Need for Additional Information

(To be completed by the DRA and returned to the requestor)

Requestor Name: _____

We are continuing to assess your request. To make a determination, we need the following information:

☐ **Medical Documentation**

Please inform your medical provider of your application for an accommodation and have your provider send us medical documentation, indicating the functional limitations that your disability places on your ability to perform the essential functions of your job. We have enclosed a copy of the duties description for your title and/or a list of the essential functions of your position for the provider's reference.

Information should be received by the following date: _____

The requested information should be provided to the agency's Designee for Reasonable Accommodation (DRA). *All medical information pertaining to reasonable accommodation must be kept confidential by the agency.*

☐ **Other**

Explain: _____

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

Binghamton University's 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 DRA or the Department's designee, regarding the Department's decision.

We anticipate that the decision will be made by (date): _____. If you have any questions, please contact the ADA Coordinator, Office of Equity and Access, or Human Resources.

Agency DRA's Signature: _____ Date: _____

The employee should retain a copy of this form. The original will be filed by the Office of Equity and Access.