

Application to Request Reasonable Accommodation of a Disability

Section D

Notification of Agency Determination

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

Requestor Name: _____

Based on the information you provided, *Binghamton University* is able to provide you with a reasonable accommodation of your disability, as follows:

- ☐ The accommodation granted is as you requested in your application.
- ☐ The accommodation granted differs from the accommodation you requested, as follows:

Please discuss any questions regarding implementation of the accommodation with your supervisor. A letter from the Designee for Reasonable Accommodation (*DRA*), or the Department's designee, confirming this decision will be sent to you within the next week once you accept the accommodation. If you have any questions, please call the Office of Equity and Access or Human Resources. The employee should retain a copy of this form and return the original with their signature to be filed by *the ADA coordinator in the Office of Equity and Access*.

I accept ☐ / reject ☐ the above reasonable accommodation.

Requestor's Signature: _____ Date: _____

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

Application to Request Reasonable Accommodation of a Disability

Section E

Notification of Agency Denial of Reasonable Accommodation

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

Requestor Name: _____

Based on the information you provided, Binghamton University is unable to provide you with a reasonable accommodation of your disability, as you requested on _____.

We are denying your request for the following reason(s):

Agency DRA's Signature: _____ Date: _____

If you have any questions, please call *Ada Robinson-Perez, ADA coordinator at 607-777-4775 or Human Resources.*

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

Section F

Request for Review of a Reasonable Accommodation Determination

(This form shall not be modified by accommodating agencies)

After your agency has issued a final determination, to request review, submit this form and all available relevant documentation **WITHIN 30 CALENDAR DAYS** (of denial or modification) to the ODIM Accommodation Review Committee (ARC) at ARC@cs.ny.gov or by mail at Department of Civil Service, Swan Street Building – Core 1, Empire State Plaza, Albany NY 12239, Attn: ODIM – ARC. Inquiries should be directed to ARC@cs.ny.gov.

Requestor's name _____

Mailing address _____

Telephone _____ Email _____

(*Required*) Preferred method of communication/notification (for example, "Email to address listed above")

Agency/location/office/division _____

Job title _____

Date of initial request for accommodation _____

Specific accommodation requested _____

Date of agency determination _____

Medical/functional limitation(s) _____

Check here if you have not received a determination from your agency and are not currently engaged in the interactive process regarding your accommodation request ☐

Have you filed a complaint of discrimination related to this reasonable accommodation request?

YES ☐ NO ☐

Please provide as much of the following information as is available to you to go along with this request for review:

Reasonable accommodation request:

- ☐ Initial request for accommodation
- ☐ Agency confirmation of the received request for accommodation
- ☐ Agency request for additional supporting/medical documentation
- ☐ Notification of agency determination

Correspondence/written communication with your agency:

- ☐ Any email or hard copy correspondence with your agency related to the requested accommodation. Do not delete or eliminate any information from emails/email chain

Medical documentation/functional limitations:

- ☐ In addition to medical documentation, please also include any agency requests for additional documentation and/or requests to speak directly with a medical provider

Job duties:

- ☐ Detailed description of job duties and responsibilities, including classification standard

Requestor's signature

Date
