BINGHAMTON
UNIVERSITY

Application to Request Reasonable Accommodation of a Disability

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.