BINGHAMTON
UNIVERSITY

Application to Request Reasonable Accommodation of a Disability

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.