BINGHAMTON
UNIVERSITY

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.