



Reasonable Accommodation Request Form - Employee Information

This request form will not be placed in your employment record file and will be kept confidential in accordance with the Americans with Disabilities Act (ADA) as amended and New York Human Rights Law (NYHRL).

If you have any questions or concerns regarding this form, contact the Leaves and Disabilities Accommodation Coordinator at 315-443-5367.

Date: _____ SUID: _____

Name: _____

Department: _____ Campus Address: _____

Supervisor: _____

How would you like to be contacted?

Email: _____

Work Phone: _____

Personal Phone: _____

Information Regarding Your Request

1. Have you requested a disability accommodation through this office or any other office before? If 'Yes', is it the same disability that you are currently requesting accommodation for?

2. State the job for which an accommodation is needed, and explain how the impairment affects your ability to perform the essential functions of that position.

3. Is this impairment temporary or longer term? If temporary, what is the expected duration of the impairment?

4. What is the accommodation you are requesting? (*Please be as specific as possible.*)

5. How will this accommodation allow you to perform the essential functions of the position?

6. What other accommodations might be responsive to your current need?

Section II: Acknowledgements

I give the Office of Equal Opportunity, Inclusion and Resolution Services permission to explore coverage and reasonable accommodation under the ADA and the NYHRL. I understand that I may be required to provide medical documentation to verify that I am an individual with disability related limitations and need a reasonable accommodation to enable me to perform the essential functions of a particular position. All medical information concerning disabilities will be considered confidential and will be released only in accordance with the requirements of the ADA, NYHRL, or other applicable law. Further, I understand that the University has the right to select which reasonable accommodation will be provided, so long as it is effective in meeting the need.

Employee Signature_____