

**Application to Request
Reasonable Accommodation of a Disability or Pregnancy-Related Condition (HRM-76)**

Application for reasonable accommodation may be made to the supervisor or the OASAS Designee for Reasonable Accommodation (DRA). If the request is made to the supervisor, the supervisor will forward the request to the DRA. **All confidential information received by OASAS personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

Section A

To be completed by employee and returned to supervisor or DRA.

Name	Civil Service Title	Job Title (if different)
Office/Unit	Work Location	Telephone Number(s)
E-mail address:		Preferred Method of Communication:

I am requesting the following reasonable accommodation(s):

It is necessary for me to have this accommodation for the following reason(s):

Employee Signature	Date
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The employee should retain a copy of this form. The original is filed by the DRA.

Application to Request Reasonable Accommodation of Disability

Section B

Initial Response to Request for an Accommodation

To be completed by DRA

Name of Employee:

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 OASAS DRA will contact you within the next two weeks.

Comments:	
DRA's Signature	Date
DRA's Name:	

The employee should retain a copy of this form. The original is filed by the *DRA*.

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Section C

Notification of Need for Additional Information

To be completed by the *DRA* and returned to the employee

Name of Employee:

We are continuing to assess your request. To make a determination, we need the following information:

Medical Documentation

Please inform your doctor of your application for an accommodation and have your doctor send us medical documentation, indicating the limitations that your disability would place on your job performance.

A copy of the duties description for your title; or -

A list of the essential functions of your position is attached for the doctor's reference.

Information should be sent by the following date: _____

The report should be provided to [OASAS \(DRA\)](#).

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.

The OASAS 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 OASAS DRA regarding OASAS' decision.

We anticipate that the decision will be made by (date): _____

If you have any questions, please call the OASAS DRA.

Signature of *DRA*

Date

The employee should retain a copy of this form. The original is filed by the OASAS DRA.

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Section D

Notification of Agency Determination:

To be completed by the *DRA* and returned to the employee

Name of Employee:

Based on the information you provided, OASAS 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 this with your supervisor. A letter from the OASAS DRA 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 OASAS DRA. The employee should retain a copy of this form, and return the original with his or her signature to be filed by the OASAS DRA.

I accept / reject the above reasonable accommodation.	
Employee Signature	Date

-or-

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Section E

Notification of Agency Denial of Reasonable Accommodation:

To be completed by the *DRA* and returned to the employee

Name of Employee:

Based on the information you provided, OASAS 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):

Signature of DRA

Date

If you have any questions, please call the OASAS DRA. The employee should retain a copy of this form. The original will be filed by the OASAS DRA.

Remedies relating to Dissatisfaction with Agency's Reasonable Accommodation Determination

A letter from the OASAS DRA confirming the decision will be sent to you within the next week after you receive the Notification of Agency Determination. If you are dissatisfied with the determination, you now have several options:

1. You may choose to accept this decision and end the process; or
2. You may choose to file an appeal with the Reasonable Accommodation Appeal Review Committee in accordance with procedures established in the "Procedures for Implementing Reasonable Accommodation for Applicants and Employees with Disabilities and Pregnancy-related Conditions in New York State Agencies." To file your appeal, submit the enclosed form, (Section F) "Request to Appeal a Reasonable Accommodation Determination" to the Reasonable Accommodation Appeals Review Committee at ARC@cs.ny.gov or by mail at **Department of Civil Service Empire State Plaza Swan Street Building – Core 1 Empire State Plaza, Albany, NY 12239 Attn: ODIM – ARC.**
3. You may choose to file an internal discrimination complaint with the Office of Employee Relations (OER) Anti-Discrimination Investigation Division (ADID) if you believe that the Office of Addiction

Services and Support's determination is unlawful.

4. In addition to the options stated above, other alternatives may also be available. These include, but are not limited to:
 - filing a complaint with any compliance agency designated under Sections 503/504 of the Rehabilitation Act of 1973;
 - filing a complaint with the New York State Division of Human Rights;
 - filing a complaint with the Equal Employment Opportunity Commission or any appropriate federal oversight agency under the American with Disabilities Act; and
 - filing a private right of action to challenge the alleged discriminatory act, under the New York State Human Rights Law, or any applicable statute.

You may initiate these alternatives after the first denial by OASAS of your request for an accommodation. Although these time limitations vary, the time for filing a complaint pursuant to all the alternatives begins to run when OASAS first denies your request for an accommodation. However, you should consult with the appropriate anti-discrimination agency as to the time limitations for initiating such an action.

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Section F

Request to Appeal a Reasonable Accommodation Determination (this form shall not be modified by accommodating agencies)

This form and all available relevant documentation must be completed by the employee and submitted to the ODIM Reasonable Accommodation Appeals Review Committee at (ARC@cs.ny.gov) or by mail at **Department of Civil Service Empire State Plaza Swan Street Building – Core 1 Empire State Plaza, Albany, NY 12239 Attn: ODIM – ARC**. Inquiries should be directed to (Arc@cs.ny.gov).

Name:	Telephone Number:
Mailing Address:	Email Address:
Preferred Method of Communication:	
Agency/Location/Office/Division	Job Title:
Date of Initial Request for Accommodation:	Specific Accommodation Requested:
Date of Agency Determination (Modification or Denial of Reasonable Accommodation Request):	Medical Limitation:
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: <input type="checkbox"/>	Have you filed a complaint of discrimination related to this Reasonable Accommodation Request? YES <input type="checkbox"/> NO <input type="checkbox"/>

Please provide as much of the following information as is available to you to go along with this Request to Appeal:

Reasonable Accommodation Request:

- Initial Request for Accommodation
- Agency Confirmation of the Received Request for Accommodation
- Agency Request for Additional Supporting/Medical Documentation
- Agency Determination of the Request for Accommodation

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

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

Job Duties

- Detailed description of job duties and responsibilities

Signature _____

Date _____