

**SUNY Potsdam
Prospective Employee, Faculty, and Staff
REQUEST FOR REASONABLE ACCOMMODATION**

Application must be submitted to supervisor or to the Office of Human Resources, 220 Raymond Hall, murrayjm@potsdam.edu. All information pertaining to a request for a reasonable accommodation will be maintained separate from personnel records and may only be used in connection with accommodation efforts.

**Section A: Personal Information
(To be completed by applicant)**

Name _____ Work Telephone _____
Department _____ Work Location _____
Title _____ Email _____

**Section B: Application for Reasonable Accommodation
(To be completed by applicant and given to supervisor or Human Resources)**

_____ Disability _____ Religious Observance/Practice _____ Other (Please explain.) _____

I am requesting the following reasonable accommodation(s): _____

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

*** Do not provide or share any medical documentation with supervisor.***

Applicant's Signature _____ Date _____

**Section C: Supervisor's Response to Accommodation Request
(To be completed by supervisor within five [5] business days of initial receipt of application.
A copy must be provided to applicant.)**

Do not accept medical documentation from the applicant

_____ Approved (only after consulting with the Office of Human Resources)

Comments: _____

_____ No decision has been made at this time. We will continue to assess your request. The Office of Human Resources will contact you within the next five (5) business days.

Supervisor's Signature _____ Date _____

If the supervisor approves the accommodation, the form is sent to the Office of Human Resources for recording and filing. However, if the accommodation may have an impact on the terms of a collective agreement, the request must be reviewed by the Office of Human Resources prior to a final determination or approval. In most instances, if the accommodation is not approved by the supervisor, additional information will be needed in order to complete the assessment process. The Office of Human Resources will conduct a comprehensive review of the request. This may include, but is not limited to, asking for medical and other documentation, meeting with the applicant and/or supervisor, arranging for a job analysis, consulting with other State agencies or community-based organizations providing services to persons with disabilities, etc.

Section D: Notification of Need for Additional Information
(To be completed by the Office of Human Resources and returned to applicant.)

Your supervisor has forwarded your application for a reasonable accommodation to the Office of Human Resources. I am continuing to assess your request. We are interested in the limitations that the disability or religious observance/practice would place on your job performance. To make a determination, I need the following information:

_____ Medical Documentation – Please inform your doctor of your Request for Reasonable Accommodation application and have them provide me with medical documentation, including the limitations placed on your life functions and activities.

_____ Other Documentation (may include documentation for a religious observance/practice as well)

Information should be sent within two weeks from today (_____) to: The Office of Human Resources, 220 Raymond Hall, SUNY Potsdam, 44 Pierrepont Avenue, Potsdam, NY 13676.

_____ I require no additional information from you at this time.

All relevant information will be evaluated during the review process. This may include an interview with you and/or your supervisor. After completion of the review, you will be informed in writing of the decision. I anticipate that the decision will be within fifteen (15) business days. If you have any questions, please call me at (315) 267-2516.

Human Resources Signature _____ Date _____

Section E: Notification of Accommodation Request Approval
(To be completed by the Office of Human Resources and returned to the applicant)

I am pleased to inform you that SUNY Potsdam is able to provide you with the accommodation that you requested on _____. Please discuss this with your supervisor. If you have any questions, please call me at (315) 267-2492. A letter confirming this decision will be sent to you from the College President within the next five (5) business days. If necessary, the accommodation will be reviewed again on _____.

Human Resources Signature _____ Date _____

Section F: Notification of Accommodation Request Denial
(To be completed by the Office of Human Resources and returned to the applicant)

I regret to inform you that the accommodation that you requested on _____ has been denied. The request has been denied for the following reason(s): _____

A letter confirming this decision will be sent to you from the College President within the next five (5) business days. You now have several options:

1. You may choose to accept the College's decision and end the process.
2. You may choose to use the external review process and ask the Compliance Review Board (an advisory body made up of the Governor's Executive Committee for Affirmative Action, with the President of the Civil Service Commission as Chairperson) for a review. After reviewing your request, the Board will notify the College. They will either concur with the initial decision or ask the College to reconsider its decision.

The external review process takes approximately fifteen (15) business days after your request is sent to the Department of Civil Service. Within ten (10) business days after the College receives the Board's opinion, the College President will inform you in writing of his/her final determination and will send you a copy of the Board's recommendation.

If the College continues to deny your request after the external process has been completed, you may then file a discrimination complaint if you feel that the denial was based on discrimination, OR you may choose to file a discrimination complaint now if you feel that the College's denial is based on discrimination. If you choose this option at this time, you cannot use the external review process.

3. In addition to the options stated above, other alternatives may also be available. This includes, but are not limited to, filing a complaint with any compliance agency designated under Section 503/504 of the Rehabilitation Act of 1973, filing a complaint under the New York State Human Rights Law and/or initiating a private right of action to challenge an alleged discriminatory act. For further information on these options, please call the Office of Advocate for the Disabled at (800) 522-4369 (voice and TTY/TDD) or (518) 473-4231 (TTY/TDD).
4. If you decide to file or are considering a complaint with an external administrative agency or with the courts, please be advised that there are time limitations and jurisdictional prerequisites for filing such complaints or lawsuits. If you are considering such options, you should consult with a personal attorney and/or representatives of those external agencies. The statute of limitations for this matter is not suspended, because you have filed an internal complaint or are participating in the College's internal complaint procedure.

If you choose to pursue the College's internal procedure, you are free to file a complaint with the appropriate state or federal agency at any point during the process. However, after filing with one of these outside enforcement agencies, or upon the initiation of litigation, your complaint shall be referred to the SUNY Office of General Counsel for review and defense or, if deemed appropriate by Counsel, involvement in mediation conciliation (Mediation is not an option for cases involving sexual discrimination.) or settlement with the external agency or such other actions as may be in the interests of the College, including termination of the internal procedure.

You may file one or all of these complaints at any point after the first College denial of your accommodation request. You may also simultaneously avail yourself of the external review process.

Section G: Authorization for External Review by Compliance Review Board

If you wish to use the external review process, please complete the information below and return it to the Office of Human Resources within five (5) business days.

All information received by the Department of Civil Service/Compliance Review Board pertaining to your request for a reasonable accommodation is kept confidential.

I authorize SUNY Potsdam to release all information pertaining to my request for an accommodation to the Department of Civil Service/Compliance Review Board. This information will be used to assess my request for an accommodation.

Employee's Signature _____ Date _____

(Office of Human Resources returns the original of this form within five (5) business days to the Reasonable Accommodations Unit at the New York State Department of Civil Service.)