NEW YORK NATIONAL GUARD REASONABLE ACCOMMODATION PROGRAM FOR FEDERAL TECHNICIANS AND TITLE 5 NYNG EMPLOYEES

APPENDIX D **REASONABLE ACCOMMODATION REQUEST** FORM

Name:

Cell Phone: Work Phone: E-mail:

Position: Grade: Date: Supervisor: Work Phone: E-mail:

I. What specific accommodation are you requesting?

Il. Please explain how that specific accommodation will assist you.

1. If you are not sure what accommodation is needed, please list any suggestions regarding options we can consider.
2. If your accommodation request is time-sensitive, initial here: and explain.
3. What, if any, job functions are you having difficulty completing?
4. What, if any, employment benefit are you having difficulty accessing?
5. What limitation is interfering with your ability to perform your job or access an employment benefit7
6. If you have had any accommodations in the past for this same limitation, initial here: and explain.
7. Have you contacted Computer/Electronic Accommodation Program (CAP) for an assessment†
8. Please provide any additional information that might be useful in considering yôur request:

Printed Name of individual Making Request

Signature of individual Making Request

Name of Person Receiving Request/Position

19

Date

Work Phone #