New York State Division of Military and Naval Affairs
(DMNA)

Application to Request
Reasonable Accommodation of a Disability

Application for reasonable accommodation may be made to the supervisor or the State Human Resources (MNHS) Attn: Agency's 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 DMNA 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 MNHS Attn: DRA)

Name		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

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

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Section B

Initial Response to Request for an Accommodation

(To be completed by DMNA 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 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 position 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 MNHS Attn: DRA, 330 Old Niskayuna Rd, 4th Floor, Latham, NY 12110.
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.

DMNA's 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 DRA regarding the DMNA's decision.
We anticipate that the decision will be made by (date): _____ .
If you have any questions, please call MNHS at 518-786-4830.

Signature of DRA	Date

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

Application to Request Reasonable Accommodation of Disability

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, the DMNA 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 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 DRA. The employee should retain a copy of this form, and return the original with his or her signature to be filed by the DRA.

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

-or-

Based on the information you provided, the DMNA 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 MNHS at 518-786-4830. The employee should retain a copy of this form. The original will be filed by the DRA.

Remedies relating to Dissatisfaction with Agency's Reasonable Accommodation Determination

A letter from the 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 internal discrimination complaint at this time if you feel that the DMNA's determination is unlawful.

3. 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 the DMNA 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 the DMNA 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.