

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
Application to Request Reasonable Accommodation for Employees with Disabilities

Application for reasonable accommodation may be made to the supervisor or the 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 DOCCS' personnel pertaining to your request shall be handled as such.** All medical information is confidential and maintained separately from personnel records.

(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*.