

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
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 Office of Diversity Management will contact you within the next two weeks.

Comments:

Signature of *DRA*:

Date:

Name of *DRA*:

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