

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
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 duties 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 to the Office of Diversity Management by: _____

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.

DOCCS' 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 Office of Diversity Management regarding DOCCS' decision.

If you have any questions, please call the *DRA*.

Signature of *DRA*:

Date:

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