**State University of New York College at Geneseo**

**EMPLOYEE/APPLICANT REQUEST FOR REASONABLE ACCOMMODATION**

Application may be made to your supervisor/hiring manager or to the Chief Diversity Officer within the Office of Diversity and Equity. **All** information pertaining to this reasonable accommodation request will be maintained separate from personnel records and may only be used in connection with this request.

# **Section A: Personal Information**

(Completed by applicant)

Name Work Telephone 

Department Work Location

Title 

# **Section B: Application for Reasonable Accommodation**

(Completed by applicant and returned to supervisor/hiring manager or the Chief Diversity Officer within two (2) business days)

I request the following reasonable accommodation(s): 



Recurring Accommodation One-Time Accommodation

If recurring, please provide explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



This accommodation is necessary for the following reason(s): 





Signature Date 

 (Employee/Applicant)

# **Section C: Supervisor/Hiring Manager’s Response to Request for an Accommodation**

(Completed by supervisor/hiring manager with copy provided to the applicant)



Approved

Comments: 





No decision has been made at this time. Your request is being processed. The Chief Diversity Officer will contact you within the next five (5) business days.

Signature Date 

 (Supervisor/Hiring Manager)

If the supervisor/hiring manager approves your request, this form is sent to the Chief Diversity Officer within the Office of Diversity and Equity for recording and filing. In most instances, if the accommodation request is not approved at this level, additional information may be needed. The Chief Diversity Officer will conduct a comprehensive review of the request, which may include your provision of additional documentation (including but not limited to medical documentation), meeting with the employee/applicant and/or supervisor/hiring manager, job analysis, consultation with other State agencies or community based organizations providing services to persons with disabilities, etc. and assessment by the campus review committee.

# **Section D: Notification of Need for Additional Information**

(Completed by the Chief Diversity Officer and returned to applicant)

Your supervisor/hiring manager has forwarded your reasonable accommodation request to the Chief Diversity Officer. We are reviewing your request and need the following information:

*Medical Documentation*

Please ask your doctor to provide us medical documentation, including any and all limitations on your life functions and activities. Information must be provided within two (2) weeks to: Chief Diversity Officer, SUNY Geneseo, 303 Doty Hall, 1 College Circle, Geneseo, NY 14454.

*Other*  



*We require no additional information from you at this time.*

The review of your request will evaluate all relevant information. This may include an interview with you and/or your supervisor/hiring manager. You will be provided with a copy of a decision within fifteen (15) business days. If you have any questions, please call 585/245-5020.

Signature Date 

 (Chief Diversity Officer)

# **Section E: Notification that Request for Reasonable Accommodation is Approved**

(Completed by the Chief Diversity Officer and returned to applicant)

We are pleased to inform you that SUNY Geneseo will provide you with the reasonable accommodation which you requested on \_\_/\_\_/\_\_. Please discuss this with your supervisor/hiring manager. If you have any questions, please call 585/245-5020. A letter confirming this decision will be sent to you within the next five (5) business days.

Signature Date 

 (Chief Diversity Officer)

# **Section F: Notification that Request for Reasonable Accommodation is Denied**

(Completed by the Chief Diversity Officer and returned to the applicant)

We regret to inform you that SUNY Geneseo has denied your request for reasonable accommodation which you made on \_\_/\_\_/\_\_. A letter confirming this decision will be sent to you within the next five (5) business days. The request is denied for the following reason(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Individuals who disagree with the determination regarding a request for accommodation or who believe they have been treated in a discriminatory manner may pursue a complaint under Geneseo’s Internal Discrimination Complaint Procedure.

Other alternatives may be available. This includes but is not limited to filing a complaint with any compliance agency designated under Section 503/504 of the Rehabilitation Act of 1973, filing a complaint under the New York State Human Rights Law and/or initiating a private right of action to challenge an alleged discriminatory act. For further information on these options, call the Office of Advocate for the Disabled at (800) 522-4369 (voice and TTY/TDD), (518) 473-4231 (TTY/TDD).

You may file any one or all of these complaints at any point after the first College denial of your request for an accommodation. *You may also simultaneously avail yourself of the external review process.*

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