

SUNY ONEONTA
REQUEST FOR REASONABLE ACCOMMODATION

Initial application may be made to the supervisor or the Office of Human Resources for reasonable accommodation. All information received by agency personnel pertaining to your request for a reasonable accommodation is kept confidential. All medical information is maintained separately from personnel records.

Section A

(To be completed by applicant and returned to supervisor OR the Office of Human Resources)

Name	Title	Salary Grade
Division/Bureau	Work Location	Telephone (Work)

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

Section B

Supervisor's Response to Request for an Accommodation

I have received your application for an accommodation.

Approved

Comments

No decision has been made at this time. We will continue to assess your request. The agency's designated responsible person for reasonable accommodation will contact you with the next week.

Comments	
Supervisor Signature	Date