



REQUEST FOR A REASONABLE ACCOMMODATION FOR A DISABILITY

INSTRUCTIONS: Any Fire Department employee/applicant with a disability as defined in the Fire Department's Employee Reasonable Accommodation Policy wishing to request a reasonable accommodation should complete Section I of this form and forward it in an envelope marked "Confidential" to the Fire Department's Equal Employment Opportunity (EEO) Office, Fire Department Headquarters, 9 MetroTech Center, Suite 4E-1, Brooklyn, New York 11201-3857

SECTION I – TO BE COMPLETED BY EMPLOYEE/APPLICANT

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Social Security No. (last 4 digits): _____

Office/Civil Service Title: _____

Bureau: _____

Unit: _____

Work Location: _____

Current Work Status: _____

Supervisor/Manager: _____

CONTINUED

SECTION I- TO BE COMPLETED BY EMPLOYEE (CONTINUED)

State the nature of your disability:

Describe the limitation affecting your ability to perform your job and how long you expect it to last:

Describe the accommodation that you believe you need:

COMPLETE ALL THAT APPLY:

- I am attaching medical documentation of my disability.
- I am attaching an authorization for release of medical records from my physician or other health care provider.
- I previously submitted medical documentation of my disability to the Bureau of Health Services.

I affirm that I have reviewed this accommodation request and that it is true to the best of my knowledge, information and belief. I also understand that I may need to provide necessary documentation to support my accommodation request.

Date

Signature of Employee/Applicant

SECTION II- FOR DEPARTMENT USE

Date Received: _____ Intake No.: _____

Date of Acknowledgement: _____

Disposition: _____

Date of Notification of Disposition: _____