



## 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 submit this completed form in person or by mail to the Equal Employment Opportunity Office, 9 Metrotech, 4<sup>th</sup> Fl., Brooklyn, NY 11201, or by fax at (718) 999-1289, or by e-mail to [EEORA@fdny.nyc.gov](mailto:EEORA@fdny.nyc.gov).

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip code)

**Email Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
(Cell) (Work)

**Social Security No. (Last 4 Digits):** \_\_\_\_\_

**Office/ Civil Service Title:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Current Work Status:** \_\_\_\_\_

**Supervisor/Manager:** \_\_\_\_\_

State the nature of your disability/diagnosis:

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

Describe the accommodation that you believe you need:

**CHECK 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.

\_\_\_\_\_  
(Signature of Employee/Applicant)

\_\_\_\_\_  
(Date)

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