



DCN: 1.04.07

PA/ID 1-00, APPENDIX A
EMSC OGP 110-04
November 20, 2000

**REQUEST FOR A REASONABLE
ACCOMMODATION FOR A DISABILITY**

It is the policy of the Fire Department to provide reasonable accommodations to employees with disabilities in order to enable them to enjoy equal employment opportunities. Such requests will be considered in accordance with the Fire Department's Employee Reasonable Accommodation Policy.

INSTRUCTIONS: Any Fire Department employee with a disability as defined in Section 3.1 of 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, Room 1S-3, Brooklyn, NY 11201-3857.

SECTION I - TO BE COMPLETED BY EMPLOYEE

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Social Security No.: _____

Office/Civil Service Title: _____

Bureau: _____

Unit: _____

Work Location: _____

Supervisor/Manager: _____

CONTINUED ON REVERSE

REQUEST FOR A REASONABLE ACCOMMODATION

SECTION I – TO BE COMPLETED BY EMPLOYEE (CONTINUED)

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:

State the nature of your disability: _____

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.

Date

Signature of Employee

SECTION II – FOR DEPARTMENT USE

Date Received: _____ Intake No.: _____

Date of Acknowledgement: _____

Disposition: _____

Date of Notification of Disposition: _____