Yeshiva University

REASONABLE ACCOMMODATION REQUEST FORM

(THIS FORM TO BE COMPLETED BY THE APPLICANT/EMPLOYEE)

All Information provided will be kept confidential, to the extent provided by law.*

Please complete this form and submit a copy to University Benefits. If you are requesting a reasonable accommodation related to a disability or other medical-related reason, please also submit a copy to your certified health care provider, along with copies of the *Health Care Provider Release Form*, to be completed by you, and the *Health Care Provider Statement Form*, to be completed by your health care provider.

SECTION 1- APPLICANT/EMPLOYEE INFORMATION

Name:	□ **Job Applicant** □ **Current Employee** □ **Other:**
Address:	**Phone #:**
	Email:

EMPLOYEE INFORMATION: Complete this section if you are a current employee

Department/Unit:	**Job Title:**	
Work Phone #:	**Manager:**	**Campus/Location:**

APPLICANT INFORMATION: Complete this section ***only*** if you are a job applicant

Position/Job Title Sought, Requisition#, (if known):	**Department/Unit (if known):**

Campus/Location of Position (if known):

Employment process for which an accommodation is requested:

□ Job Application
□ Assessment Tool Date: __/__/___
□ Interview Date: __/__/___
□ Appointment
□ Other (please specify): _____

SECTION 2 – ACCOMMODATION REQUESTED

Identify the limitation(s) that requires an accommodation. Please be specific: i.e. *"I am not able to lift over 25 pounds for 3 months."*

Describe the nature of the accommodation requested. (Present supporting documentation, as may be appropriate.)

Is the condition for which you are requesting an accommodation?

□ On-going □ Temporary, include anticipated end date: __/__/__ □ Unknown

If you are requesting an accommodation for a parking space, you are required to first apply for a Parking Permit for People with Severe Disabilities. You can access a copy of the application via the following link: https://www1.nyc.gov/html/dot/html/motorist/pppdinfo.shtml. If you are not a NYC Resident, please contact your local town, city or village clerk, or visit the DMV Internet Office at http://www.nysdmv.com to determine which governmental office issues permits in your area. A COPY OF YOUR DISABILITY PARKING PERMIT MUST ACCOMPANY THIS FORM.

If equipment is requested, please specify brand, model number and vendor, if known.

Specify how the accommodation will assist you to perform the essential functions of the job/desired position.

Note: If you are requesting a reasonable accommodation related to a disability or other medical-related reason, verification by a certified health care provider for your accommodation must be provided via a Health Care Provider Statement Form.

SECTION 3 – CERTIFICATION

I certify that I have read the above request, and that it is true to the best of my knowledge, information and belief. I understand that all information submitted will be kept confidential to the extent permitted by law. *

Employee/Applicant Signature: _____ **Date**: _____

___ **Approved** ___**Denied**

HR Signature: _____ **Date**: _____

Comments: _____

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*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. For more information about the GINA Act, please visit http://www.eeoc.gov/laws/types/genetic.cfm

Please forward completed forms directly to:
Yeshiva University, University Benefits
2495 Amsterdam Avenue, BH 824, New York, NY 10033 or via fax 212-960-0034