

**NEW YORK NATIONAL GUARD REASONABLE ACCOMMODATION PROGRAM
FOR FEDERAL TECHNICIANS AND TITLE 5 NYNG EMPLOYEES**

APPENDIX D REASONABLE ACCOMMODATION REQUEST FORM

Name: _____		
Cell Phone: _____	Work Phone: _____	
E-mail: _____		
Position: _____	Grade: _____	Date: _____
Supervisor: _____	Work Phone: _____	
E-mail: _____		

- I. What specific accommodation are you requesting?

- II. Please explain how that specific accommodation will assist you.

- III. If you are not sure what accommodation is needed, please list any suggestions regarding options we can consider.

- IV. If your accommodation request is time-sensitive, initial here: _____ and explain.

- V. What, if any, job functions are you having difficulty completing?

- VI. What, if any, employment benefit are you having difficulty accessing?

- VII. What limitation is interfering with your ability to perform your job or access an employment benefit?

- VIII. If you have had any accommodations in the past for this same limitation, initial here: _____ and explain.

- IX. Have you contacted Computer/Electronic Accommodation Program (CAP) for an assessment?

- X. Please provide any additional information that might be useful in considering your request:

Printed Name of individual Making Request

Signature of individual Making Request

Date

Name of Person Receiving Request/Position

Work Phone #