

## Reasonable Accommodation Request Form

March 2022

TO: All BERS Employees

FROM: Sanford Rich  
Executive Director



SUBJECT: **REASONABLE ACCOMMODATION REQUEST**

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It is the policy of the NYC Board of Education Retirement System (BERS) to provide reasonable accommodations to employees that permit them to perform the essential functions of the job in connection with **disability, religion, pregnancy, childbirth or a related condition, and status as a victim of domestic violence, sex offenses, or stalking (collectively “protected bases”)\***, unless so doing will result in undue hardship to the agency. BERS is also committed to providing reasonable accommodations that enable employees with disabilities to enjoy equal benefits and privileges of employment as are enjoyed by similarly situated employees without disabilities.

Any current or prospective employee who is a qualified individual may request a reasonable accommodation in order to assist in performing the essential functions of his/her present assignment. Determinations regarding accommodations will be made on an individual basis after a review of the following: the individual's functional limitations; the medical documentation of the individual (if applicable), the essential functions of the job; and whether the granting of the accommodation would impose an undue hardship on BERS. Information regarding an individual's disability will be kept confidential to the extent required by law.

### REQUESTING AN ACCOMMODATION

As a first step, an individual who feels that he/she is in need of an accommodation must first discuss the request informally with his/her supervisor. An individual is not required to provide information as to the nature of his/her disability, and need only state the need for an accommodation, and outline his/her functional limitations and the particular accommodation(s) requested.

Examples of such accommodations include, but are not limited to: visual aid equipment, ergonomic chair, telework schedule (due to an underlying health condition), and modified or flexible work schedules. If an accommodation request is denied or cannot be provided through the above-referenced informal means, the individual may apply for a formal accommodation by submitting the Accommodation Request Form on pages #3 and #4. Medical or other documentation to support the request must be attached.

The request is to be forwarded to the **Principal EEO Officer, Michelle Pyram**, at [mpyram@bers.nyc.gov](mailto:mpyram@bers.nyc.gov), with a copy to the **Deputy EEO Professional, Lydia Ahmim**, at [lahmim@bers.nyc.gov](mailto:lahmim@bers.nyc.gov).

## **TIMEFRAME FOR PROCESSING ACCOMMODATION REQUESTS**

### **Informal**

The individual should speak to his/her supervisor regarding the accommodation need to determine if granting it would cause undue hardship to the agency. In the case of an informal request, the supervisor can decide if the request would need to be escalated to a formal review. An informal request will be granted or denied within 10 business days.

### **Formal**

If all the supporting information requested has been provided, all accommodation requests will be either granted or denied within 30 days of making the request. The decision will be communicated directly to the individual, with a copy to their immediate supervisor.

### **Expedited**

If an accommodation is needed for imminent medical treatment or to avoid imminent emotional and/or bodily harm, the individuals should submit a request for reasonable accommodation for expedited review. Requests of this nature will be reviewed and decided on in less than 30 days.

## **GRANTING AN ACCOMMODATION**

The Principal EEO Officer will review each request carefully and take into consideration that there is no "one-size-fits-all" formula for deciding when to grant a reasonable accommodation. During the review, the Principal EEO Officer will meet with the individual to determine physical or mental abilities or limitations and the specific barriers these limitations pose to the performance of the job's essential functions. If a reasonable accommodation is possible, the Principal EEO Officer will forward the details of the accommodation to the individual's supervisor and the Executive Office. Once granted, accommodations may be reevaluated, modified or terminated due to changed circumstances.

## **NOTIFICATION OF A DETERMINATION**

When a final determination to either approve or deny an accommodation request has been rendered, an official letter will be sent to the individual via email and regular mail. A copy of the final determination letter will be placed in the individual's file and also forwarded to the individual's supervisor. Reasonable accommodations will also be reported in DCAS' Citywide Complaint/Reasonable Accommodation Tracking System.

***\*Please note: A request for remote work to care for another individual (e.g. your child or a member of your household with an underlying health condition, etc.) is not currently covered under this Reasonable Accommodations Policy. Please speak with your immediate supervisor to discuss leave options or possible alternative work arrangements.***

## A. Reasonable Accommodation Request Form

This form and all information must be kept confidential.

NAME AND CONTACT INFORMATION		
Print full name	<input type="checkbox"/> Current employee <input type="checkbox"/> Job applicant <input type="checkbox"/> Other (please specify)	
Home or work address:	Phone number	
EMPLOYEE INFORMATION (Complete this section only if you are an employee)		
Civil service title	Office title	
Office telephone number	Email address	
Supervisor name	Phone number	Supervisor email address
Division	Worksite/location	
APPLICANT INFORMATION (Complete this section only if you are a job applicant)		
Position/title sought	Division/unit (if known)	
Location of position (if known)		
Part(s) of the employment process for which an accommodation is requested (please check the box below):		
<input type="checkbox"/> Job application		
Job vacancy notice number (if known):		
<input type="checkbox"/> Interview		
Interview date:		
<input type="checkbox"/> Other (please specify):		
Agency contact person (if known)	Phone number	







<b>RESOLUTION</b>	
<input type="checkbox"/> <b>Granted</b>  <b>Date:</b>	<b>Type of accommodation granted:</b> <input type="checkbox"/> <b>As requested</b> <input type="checkbox"/> <b>Different from what was requested</b> <b>Please provide specifics: (Attach additional sheets as needed.)</b>
<input type="checkbox"/> <b>Denied</b>  <b>Date:</b>	<b>Reason for denial:</b>
<b>Date when letter granting or denying the requested accommodation was sent to employee or applicant:</b>	

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## D. Granting of Reasonable Accommodation Request

<b>GRANTING OF REASONABLE ACCOMMODATION REQUEST</b> (To be completed by deciding official)
<b>1. Full name of individual requesting reasonable accommodation:</b>
<b>2. Basis for reasonable accommodation request:</b>
<input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Status as victim of domestic violence, sex offenses, or stalking <input type="checkbox"/> Pregnancy, childbirth or a related medical condition <input type="checkbox"/> Lactation needs
<b>3. Specific accommodation requested:</b>
<b>4. Decision:</b>
<input type="checkbox"/> Reasonable accommodation granted as requested <input type="checkbox"/> Alternative accommodation granted
<b>Describe accommodation granted:</b>
<b>Deciding official name (print):</b>
<b>Signature:</b>
<b>Date granted:</b> _____
<b>Telephone:</b> _____
<b>Email:</b> _____
<b>cc: EEO officer, and if applicable, agency personnel officer, manager/supervisor.</b>



## E. Denial of Reasonable Accommodation Request

<b>DENIAL OF REASONABLE ACCOMMODATION REQUEST</b> (To be completed by deciding official)	
<b>1.</b>	<b>Name of individual requesting reasonable accommodation:</b>
<b>2.</b>	<b>Basis for reasonable accommodation request:</b>  <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Status as victim of domestic violence, sex offenses, or stalking <input type="checkbox"/> Pregnancy, childbirth, or a related medical condition <input type="checkbox"/> Lactation needs
<b>3.</b>	<b>Specific accommodation request:</b>
<b>4.</b>	<b>Request for reasonable accommodation denied because (you may check more than one box).</b>  <input type="checkbox"/> Employee's request determined not to be related to a disability <input type="checkbox"/> Employee's request determined not to be related to religion <input type="checkbox"/> Employee determined not to be a victim of domestic violence, sex offenses, or stalking <input type="checkbox"/> Employee's request determined not to be related to pregnancy, childbirth, or related medical condition <input type="checkbox"/> Employee's request determined not to be related to a lactation need <input type="checkbox"/> Accommodation would not meet requested need <input type="checkbox"/> Accommodation would cause undue hardship <input type="checkbox"/> Documentation of need for the accommodation inadequate <input type="checkbox"/> Accommodation would require removal of an essential function of the job <input type="checkbox"/> Accommodation would pose direct threat <input type="checkbox"/> Other (please specify)

5. Reason(s) for the denial of reasonable accommodation (must be specific, e.g., why accommodation is ineffective or causes undue hardship).

6. If the individual proposed one type of reasonable accommodation, which is being denied, but rejected an offer of a different type of reasonable accommodation, explain both the reasons for denial of the requested accommodation and reason why chosen accommodation would be effective.

7. Appeal: Where an employee or applicant has requested a reasonable accommodation consistent with these procedures and the agency representative has not provided the reasonable accommodation, an appeal may be made to the agency head or their designee within 10 days from when the EEO Office issues the decision.

8. If a job applicant or employee wishes to file an internal EEO complaint, they must contact (name), the agency EEO officer (provide contact information).

Deciding official

Name (print): \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date denied \_\_\_\_\_

cc: EEO officer, and if applicable, agency personnel officer, manager/supervisor.