

## DETERMINATION OF REASONABLE ACCOMMODATION REQUEST

The New York City Council amendment to the New York City Administrative Code requires The Research Foundation of CUNY to be covered by the New York City Human Rights Law (“NYCHRL”) to engage in a “cooperative dialogue” with employees and applicants who may be entitled to reasonable accommodations.

The NYCHRL requires covered employers to make reasonable accommodations for employees, related to:

- Religious needs;
- Disabilities;
- Pregnancy, childbirth, or related conditions; and
- Needs related to status as a victim of domestic violence, sex offenses, or stalking.

Under the NYCHRL, an accommodation is reasonable if it does not cause an undue hardship in the conduct of the covered entity’s business.

The cooperative dialogue may be conducted orally or in writing, and must be conducted within a reasonable time after the employee requests an accommodation or the manager/supervisor has notice that the employee may require an accommodation.

A cooperative dialogue must address:

1. the employee’s accommodation needs;
2. potential accommodations that may address those needs (including alternatives to the accommodation requested by the employee);
3. the difficulties that the potential accommodations may pose to your project/program.

After engaging in the cooperative dialogue with an employee, the manager/supervisor must provide the employee with a final written determination identifying any accommodation granted or denied. A determination that no reasonable accommodation is available cannot be made until after the manager/supervisor has engaged, or have attempted to engage, in a cooperative dialogue with the employee.

Supervisors who receive a request for reasonable accommodation should have the employee complete a Request for Reasonable Accommodation form. The next step should be to contact RFCUNY’s Department of Human Resources for guidance before taking further action.



## DETERMINATION OF REASONABLE ACCOMMODATION REQUEST FORM

Date \_\_\_\_\_

Name of individual requesting reasonable accommodation \_\_\_\_\_

Specific accommodation requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Decision:

Reasonable accommodation granted as requested

Alternative accommodation granted

If applicable, describe alternative accommodation granted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request for reasonable accommodation denied because (you may check more than one box):

Employee's request determined not to be related to a disability

Accommodation would not meet requested need

Accommodation would cause undue hardship

Documentation of need for the accommodation

Inadequate accommodation would require removal of an essential requisite of the job

Accommodation would pose direct threat

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the individual proposed one type of reasonable accommodation, which is being denied, and 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:

Deciding Official \_\_\_\_\_

Name (print)

Telephone    Email

Signature

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Date Granted or Denied \_\_\_\_\_