



**New York City
College of Technology**

The City University of New York
300 Jay Street
Brooklyn, NY 11201

**INSTRUCTIONAL STAFF REQUEST FOR REASONABLE
ACCOMMODATION**

Request for reasonable accommodations may be made to the supervisor or the Director for Instructional Staff Relations or the Director of Human Resources. Any supervisor receiving this request should consult with the Director of Instructional Staff Relations or Human Resources Director. All information pertaining to your request is kept confidential. All medical information is maintained separately from personnel records.

SECTION A

(To be completed by employee and returned to supervisor or the Director of Instructional Staff Relations)

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|---------------|------------------|
| Name (Print): | Title: |
| Department: | Campus Location: |

I am requesting the following accommodation(s)

It is necessary for me to have this accommodation for the following reason (s)

| | |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

SECTION B

Supervisor's Response to Request for an Accommodation (To be completed by supervisor and returned to the employee)

I have received your application for an accommodation.

- Approved
- Not Approved

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| Comments: |
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- No decision has been made at this time. We will continue to assess your request. The College's Director of Instructional Staff Relations will contact you within the next week.

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| Comments: |
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| Supervisor Signature: | Date: |
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SECTION C

Director of Instructional Staff Relations Response to Request for an Accommodation (To be completed by the Director of Instructional Staff Relations and returned to the employee)

I have received your application for an accommodation.

- Approved
- Not Approved

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| Comments: |
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- No decision has been made at this time. We will continue to assess your request.

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| Comments: |
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| Director of Instructional Staff Relations Signature | Date: |
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