

## DETERMINATION OF REASONABLE ACCOMMODATION REQUEST FORM

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 but no later than 10 days of learning of the need.

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 and after receiving guidance from the RF’s Labor and Employment Relations team.

A written determination must be provided as soon as possible after learning of the need for an accommodation but no later than 10 days after the conclusion of the cooperative dialogue.

## DETERMINATION OF REASONABLE ACCOMMODATION REQUEST FORM

Date \_\_\_\_\_

Employee's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Email \_\_\_\_\_

Specific Accommodation Requested

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### Decision

☐ **Reasonable accommodation granted as requested.**

Accommodation Start Date \_\_\_\_\_

Accommodation End Date \_\_\_\_\_

☐ **Alternative accommodation granted.**

Accommodation Start Date \_\_\_\_\_

Accommodation End Date \_\_\_\_\_

Describe alternative accommodation granted:

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Describe why chosen accommodation would be effective:

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☐ **Reasonable accommodation denied.**

Select Reason for denial (you may check more than one box). All denials must be approved by RFCUNY's Labor and Employment Relations:

- ☐ Employee's request determined not to fall under RA.
- ☐ Accommodation would cause undue hardship (undue hardship reviewed by Labor and Employment Relations).
- ☐ Accommodation would require removal of an essential requisite of the job.
- ☐ Other (please specify):

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Deciding Official's Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_