



New Paltz
STATE UNIVERSITY OF NEW YORK

Human Resources • Haggerty 603 • 845-257-3171
Confidential Fax: 845-257-3621

**AMERICAN DISABILITY ACT (ADA)
EMPLOYEE ACCOMMODATION
REQUEST FORM**

This form is to be used to make a request for reasonable accommodation of a physical or mental disability as outlined in the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other pertinent state and local laws. This form is to be used by employees of the College only.

Employee Information

Employee Name _____

Title/Department _____

Bargaining Unit _____

Contact Phone Number _____

Personal Email _____

Accommodation Request Information

This request is for a disability that is: (Please check one) Permanent Temporary from _____ to _____

Please describe how your disability is impacting your ability to perform your role. (Please include examples of specific activities and constraints.)

What accommodations do you believe would help you be successful in fully performing the essential functions of your role? *(Please include specific products or device specifications if you have them. This information might also be provided by your medical provider.)*

How would this accommodation impact your ability to perform your role? *(Please include examples of the modification's impact on specific activities and constraints related to your disability.)*

In signing and submitting this form I am affirming my understanding that all requests for accommodations will need to be supported by medical documentation from my medical care provider. This form is completed as part of an interactive process between myself, my medical provider, the College and any external examiner required by the College to facilitate the College determining what a reasonable accommodation is within my unique situation.

Employee Signature _____

Date _____

You can return this form to the SUNY New Paltz benefits team via confidential fax at 845-257-3621; by email to benefits@newpaltz.edu; or you may hand-deliver it to the office of Human Resources, Diversity & Inclusion in Haggerty 603.

The information provided in this form is protected under the Genetic Information Nondiscrimination Act (GINA), which prohibits discrimination in accessing benefits or employment based on an individual's disclosure of genetic information. All information received pertaining to your request is kept confidential. This information is maintained separately from personnel records and may only be used in connection with the College's Affirmative Action efforts.