New York City Department of Education
Division of Human Resources and Talent
65 Court Street,
Brooklyn, New York 11201

PERSONNEL MEMORANDUM NO.4, 2009-2010 April 2010

TO: All Superintendents, Network Leaders, Chief Executives, Executive Directors, Directors, Managers, Principals and Heads of Offices

FROM: Lawrence E. Becker
Chief Executive Office

SUBJECT: **ACCOMMODATION REQUEST**

This memorandum supersedes Personnel Memorandum #51, 1997-98. It is the policy of the NYC Department of Education to provide equal employment opportunity to all qualified individuals with disabilities. Any current or prospective employee who is a qualified individual with a disability 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 and examination of the individual, if necessary; the essential functions of the job; and whether the granting of the accommodation would impose an undue hardship on the Department of Education. 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 that he/she is disabled and outline his/her functional limitations and the particular accommodation(s) requested. Examples of such accommodations are: visual aid equipment, elevator accessibility, assistance in the classroom and no escort duty. If an accommodation request is denied or cannot be provided through the above-referenced informal means, the employee may apply for a formal accommodation by submitting the Accommodation Request Form on page #2. Medical documentation to support the request must be attached. The request is to be forwarded to the N.Y.C. Department of Education, HR Connect Medical Administration Office, 65 Court Street, Room 201, Brooklyn, New York 11201, Att: Accommodation Unit.

ADDITIONAL MEDICAL DOCUMENTATION AND/OR EXAMINATION

After reviewing the initial request and supporting medical documentation, additional medical documentation and/or an examination may be necessary to determine whether a reasonable accommodation is possible. In such cases, a request for additional information and/or a medical appointment notice will be mailed to the employee's home.

GRANTING AN ACCOMMODATION

If a DOE physician determines that an employee has a disability and requires an accommodation, the DOE's Office of Equal Opportunity (OEO) will be notified of the physician's determination. This notification will include the employee's limitations. Upon receipt of the information, OEO will contact the employee's supervisor in order to determine the feasibility of granting an accommodation. If a reasonable accommodation is possible, OEO will forward the details of the accommodation to the Medical 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, a letter will be mailed to the employee's home. A copy of the final determination letter will be placed in the employee's medical file and also forwarded to the employee's supervisor and the Office of Equal Opportunity.

Please contact the HR Connect Medical Administration Office at 718 935-2731 should you require any assistance or clarification.

New York City Department of Education - Division of Human Resource and Talent
HR Connect Medical, Leaves & Records Administration
65 Court Street, Brooklyn, NY 11201
Phone: 718-935-4000 Fax: 718-935-2641

Accommodation Request Form

To be completed by the applicant

FILE NUMBER

TITLE

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M.I.

STREET ADDRESS

APT NUMBER

CITY

STATE

ZIP CODE

HOME TELEPHONE #

E-MAIL ADDRESS

SCHOOL/OFFICE

CFN

SUPERVISOR'S NAME

SUPERVISOR'S TELEPHONE NUMBER

DISABILITY, LIMITATION(S) AND JOB FUNCTION(S) UNABLE TO PERFORM:

DETAILED DESCRIPTION OF ACCOMMODATION REQUEST:

Has your request been denied by your supervisor? Yes ☐ No ☐

Signature of Applicant

Date

Supporting medical documentation and a description of your job duties must accompany this request.