

Sections A through D

Application to Request Reasonable Accommodation of Religious Observance or Practice

Application for reasonable accommodation may be made to the supervisor or the Agency's Designee for Reasonable Accommodation (DRA), Sev Moro. If the request is made to the supervisor, the supervisor will forward the request to the DRA.

Section A

**(To be completed by employee and
returned to supervisor or *DRA*)**

Name	Civil Service Title	Job Title (if different)
Office/Unit	Work Location	Telephone Number(s)
E-mail address:	Preferred method of communication:	

I am requesting the following reasonable accommodation(s) of my religious observance or practice:

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

Employee Signature	Date
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The employee should retain a copy of this form. The original is filed by the *DRA*.

Application to Request Reasonable Accommodation of Religious Observance or Practice

Section B

**Initial Response to Request for an Accommodation of Religious Observance or Practice
(To be completed by DRA)**

Name of Employee:

We have reviewed your application for an accommodation.

Your request has been approved

Comments:

No decision has been made at this time. We will continue to assess your request.
The Designee for Reasonable Accommodation (DRA), will contact you within the next two weeks.

Comments:	
Agency's DRA's Signature	Date
DRA's name:	

The employee should retain a copy of this form. The original is filed by the DRA.

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Section C

**Notification of Need for Additional Information
(To be completed by the DRA and returned to the employee)**

Name of Employee:

We are continuing to assess your request for accommodation of religious observance or practice. To make a determination, we need the following information:

Explain:

The Agency's review process will include an evaluation of all relevant information. This may include an interview with you and/or your supervisor. After completion of the review, you will be informed in writing by HCR's DRA regarding the Agency's decision.

We anticipate that the decision will be made by: _____
If you have any questions, please call *Sev Moro* at (518) 473-6981.

Signature of DRA

Date

The employee should retain a copy of this form. The original is filed by HCR's DRA.

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Section D

**Notification of Agency Determination:
(To be completed by the DRA and returned to the employee.)**

Name of Employee:

Based on the information you provided, the NYSHCR is able to provide you with a reasonable accommodation, as follows:

The accommodation of religious observance or practice is granted as you requested in your application.

The accommodation granted differs from the accommodation you requested, as follows:

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Please discuss this with your supervisor. A letter from HCR's DRA confirming this decision will be sent to you within the next week once you accept the accommodation. If you have any questions, please call Sev Moro at (518) 473-6981. The employee should retain a copy of this form, and return the original with his or her signature to be filed by HCR's DRA.

I accept ___/ reject __ the above reasonable accommodation.	
Employee Signature	Date

-or-

Based on the information you provided, the NYSHCR is unable to provide you with a reasonable accommodation, as you requested on _____ .

We are denying your request for accommodation of religious observance or practice for the following reason(s):

Signature of [DRA]

Date

If you have any questions, please call HCR's DRA, Sev Moro, at (518) 473-6981. The employee should retain a copy of this form. The original will be filed by HCR's DRA.

Remedies relating to Dissatisfaction with Agency's Reasonable Accommodation Determination

A letter from HCR's DRA, Sev Moro, confirming the decision will be sent to you within the next week after you receive the Notification of Agency Determination. If you are dissatisfied with the determination, you now have several options:

1. You may choose to accept this decision and end the process; or
2. You may choose to file an internal discrimination complaint at this time if you feel that the NYSHCR's determination is unlawful.
3. In addition to the options stated above, other alternatives may also be available. These include, but are not limited to:
 - filing a complaint with the New York State Division of Human Rights;
 - filing a complaint with the Equal Employment Opportunity Commission or any appropriate federal oversight agency under the Civil Rights Act of 1964, Title VII; and
 - filing a private right of action to challenge the alleged discriminatory act, under the New York State Human Rights Law, or any applicable statute.

You may initiate these alternatives after the first denial by the NYSHCR of your request for an accommodation. Although these time limitations vary, the time for filing a complaint pursuant to all the alternatives begins to run when the NYSHCR first denies your request for an accommodation. However, you should consult with the appropriate anti-discrimination agency as to the time limitations for initiating such an action.