

**HCR Employee Application to Request
Reasonable Accommodation of a Disability**

Application for reasonable accommodation may be made to the supervisor or the Designee for Reasonable Accommodation (DRA), Sev Moro, or your supervisor. If the request is made to the supervisor, the supervisor will forward the request to the DRA. All confidential information received by HCR personnel pertaining to your request shall be handled as such. All medical information is confidential and maintained separately from personnel records.

This form should be returned to your supervisor or the DRA, Sev Moro at: Accessibility@nysher.org, Hampton Plaza, 38-40 State Street, 3rd Floor Personnel, Albany, NY 12207, (phone) (518) 473-6981.

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

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