



**REASONABLE ACCOMMODATION REQUEST
FOR EMPLOYEES**
PD 407-015A (Rev. 08-21)

FOR EEO USE ONLY

RA No. _____

Date Request

Received: _____

CONFIDENTIAL

The New York City Police Department will make reasonable accommodations to qualified employees with disabilities, religious beliefs/practices/observances, those who are pregnant and/or recovering from childbirth or a related medical condition, and victims of domestic violence, sex offenses, or stalking unless providing such accommodations would impose undue hardship.

SECTION I – Employee must complete each caption legibly and accurately.

Rank/Title	Name	
Command (<i>no abbreviations</i>)		Tax Number
Address		
Home Phone No.		Cell Phone No.
Best E-mail Address		

Basis of reasonable accommodation request:

Disability

Religious

Describe your religious belief/practice/observances and identify the accommodation(s) you request:

Status as Victim of Domestic Violence, Sex Offenses or Stalking

Pregnancy, Childbirth, or a Related Medical Condition

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Identify the situation which requires accommodation:

Please be specific. Attach additional sheets of paper, if necessary

Is the condition for which you are requesting an accommodation:

Permanent

Temporary

Unknown

If temporary, anticipated date accommodation(s) no longer needed: _____

Describe the nature of reasonable accommodation requested and how the accommodation will assist you to perform the essential functions of the position held or desired, or to enjoy the benefits and privileges of employment. Please be specific. (Attach additional sheets and present supporting documentation as appropriate).

If equipment is requested, please specify brand, model number, and vendor, if known.

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For Reasonable Accommodations based on Disability, you may be required to provide verification by a health professional or a disability service provider (e.g., ACCESS-VR, NYS Commission for the Blind and Visually Impaired, etc.)

**This CONFIDENTIAL documentation must be provided to the
Equal Employment Opportunity Division**

Documentation must:

- Be written on official letterhead of the qualified health professional or health professional's organization.
- Identify the health professional's credentials (e.g., M.D., D.O., etc.).
- Be dated and signed by the health professional.
- Describe the severity of the disability and its limitations, in detail, as they currently exist and only in relationship to the job.
- State whether the duration of disability is permanent or temporary or unknown.
 - If temporary, specify the date the disability is expected to no longer require accommodation.
- Indicate the extent to which the accommodation will permit you to perform the essential functions of the job or to enjoy the benefits and privileges of employment.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.

Requesting Employee's Signature: _____ Date: _____

Upon completion of SECTION I, submit this form to your IMMEDIATE SUPERVISOR

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SECTION II – To be completed by **immediate supervisor of the employee** requesting accommodation **AFTER** a phone consultation with a member from the Deputy Commissioner, Office of Equity and Inclusion, Equal Employment Opportunity Division at (646) 610-5330. The immediate supervisor must complete and submit form to the Equal Employment Opportunity Division **within three (3) working days of receipt**.

Supervisor's Rank/Title	Name
Command	Tax Number
Supervisor Telephone No.	Cell Phone No.
Best E-mail Address	Date Request Received

Check your recommendation below:

Recommend APPROVAL **Recommend DISAPPROVAL**

Comments/Reason:

Supporting Documentation Included **Supporting Documentation Not Included**

Supervisor's Signature: _____ Date: _____

After completing this section, the **immediate supervisor of the employee** must:

- Provide a copy of this form to the employee.
- Fax or email a copy to the Reasonable Accommodation Unit at (646) 610-5898 or RA@nypd.org.
- Ensure that confidentiality is maintained and take necessary action as required by Administrative Guide procedure 320-47.
- Forward original request and any supporting documentation to the:

**DEPUTY COMMISSIONER, OFFICE OF EQUITY AND INCLUSION
EQUAL EMPLOYMENT OPPORTUNITY DIVISION
375 PEARL STREET, 15TH FLOOR, SUITE 4
NEW YORK, NEW YORK 10038
ATTN: REASONABLE ACCOMMODATION UNIT**

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