



The Research  
Foundation for

The State University of New York

## Grant or Denial of Reasonable Accommodation Request Form

(To be Provided to Requesting Employee)

To be completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Individual requesting reasonable accommodation:

\_\_\_\_\_  
Specific Accommodation Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Decision:

Reasonable Accommodation Granted as Requested

Alternative Accommodation Granted

Describe Alternative Accommodation Granted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for reasonable accommodation denied

Campus HR Official Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Granted or Denied: \_\_\_\_\_