

The Department of Small Business Services (SBS) has a commitment to providing qualified applicants and employees with disabilities an equal opportunity to the employment process, to perform the essential functions of their jobs, or receive equal benefits of our programs and activities. Individuals who need assistance or their designated representatives are encouraged to make requests for reasonable accommodations with their Supervisor, the Equal Opportunity Unit, the Equal Opportunity Liaison, or any staff member at our facilities.

According to New York City Law and 29 CFR, part 37.4 of the Workforce Investment Act of 1998, reasonable accommodations are modifications or adjustments made at the time that a particular person with a known disability seeks: to apply to, or participate in, or work for a program or activity. Examples of accommodations and modifications include but are not limited to: providing sign language interpreters; installing flashing lights and volume controls on intercoms and telephones; installing grab bars in bathrooms stall(s); providing access to text telephones (TTY); and providing documents in Braille or on audio-cassette.

Requests for reasonable accommodations may be made orally or in writing. The person seeking the accommodation does not have to state that they have a disability or use the phrase "reasonable accommodation"; they only have to notify a staff person that they need a change or adjustment for a medical reason.

To ensure that requests are processed in a timely and appropriate manner, we encourage persons seeking an accommodation to either complete our reasonable accommodation form or provide us with the following information: the name of the person seeking the accommodation; an address and telephone number where the person may be contacted if additional information is needed; a statement of the change or adjustment sought; and if possible, what the person believes would constitute a reasonable accommodation.

In instances where a person's disability, or the need for an accommodation, is not obvious, we will ask the person to provide a letter from a health care professional which describes the functional limitations caused by the disability. Any records or documentation relating to the person's request for an accommodation, including their medical information, will be treated confidentially and stored separately from the other information about the person.

A letter of determination regarding the request will be sent within 14 calendar days of the request for an accommodation. The letter of determination will contain a statement about whether the request has been accepted or denied, and in instances where a request has been denied provide reasons for the denial. If the request has been denied because we have determined that the requested accommodation would cause an undue hardship or result in a fundamental alteration, the letter will also propose an

equally effective alternative accommodation; it is ultimately the person seeking an accommodation's decision to accept or reject the proposed alternative accommodation.

Employees and job applicants who are dissatisfied with either the proposed alternative accommodation or the denial, you may file a written appeal to:

Commissioner  
The Department of Small Business Services  
110 William Street, 7th Floor  
New York, New York 10038

Workforce1 applicants who are dissatisfied with either the proposed alternative accommodation or the denial may file a written appeal to:

The Department of Small Business Services  
110 William Street, 7<sup>th</sup> floor  
Equal Opportunity Unit  
New York, New York 10038  
Please use the New York City Telephone  
Relay System number: (800) 662-1220

Anyone who feels s/he has been discriminated against, during the reasonable accommodation process may file an appeal with an appropriate federal oversight agency under the Americans with Disabilities Act or the Rehabilitation Act of 1973, the State Division of Human Rights, ([www.dhr.ny.gov](http://www.dhr.ny.gov)) the New York City Commission on Human Rights, ([www.nyc.gov/cchr](http://www.nyc.gov/cchr)) or any other Federal, State or Local agency having jurisdiction over such matters, or in any court of competent jurisdiction. Complaints must be filed in writing and must contain the following information: name of complainant; complainant's address (or another means of contacting complainant); the identity of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination); a detailed description of the events that the complainant alleges were discriminatory; and the complainant's signature or the signature of the complainant's authorized representative.

Additionally, those seeking to file a complaint may use a Complaint Information Form to file their complaints. You may obtain a Complaint Information Form from the U.S. Department of Labor's Civil Right Center at the following URL: <http://www.dol.gov/oasam/programs/crc/Cife.pdf>. You may also obtain the form from the EO Unit or EO Liaison. Complaints may be sent to:

Civil Rights Center (CRC)  
United States Department of Labor  
200 Constitution Avenue, NW, Room N-4123  
Washington, DC, 20210  
Attn: Director

# REASONABLE ACCOMMODATION POLICY

The Department of Small Business Services (SBS) is committed to providing qualified applicants and employees with disabilities an equal opportunity to the employment process, to perform the essential functions of their jobs, or receive the equal benefits to our programs and activities.

**NYC**<sup>TM</sup>  
Small Business  
Services

## REQUEST FOR REASONABLE ACCOMMODATIONS

**Section 1)** To Be Completed by Current Employees and Applicants (Job Applicants and Workforce1 Customers).

Name of Person Seeking Accommodation:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Identify the limitations resulting from the disability:

Accommodations(s) and or modifications(s) sought:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Section 2)** Current Employees

Position/Title Applied for: \_\_\_\_\_

Unit/Location: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

**Section 3:** Job Applicants

Position/Title applied for: \_\_\_\_\_

Unit/Location (if known): \_\_\_\_\_

Job Vacancy Notice # (if known): \_\_\_\_\_

Part (s) of employment process the accommodation requested is for (e.g. application, interview):

\_\_\_\_\_

Agency Contact Person (if known):

Date of Interview or Application Process:

**Section 4)** To be Completed by Equal Opportunity Unit or Equal Opportunity Liaison. (EO Liaison must submit copy to SBS EO Unit).

Name of EO Unit Staff/EO Liaison Processing Request:

\_\_\_\_\_

Outcome:  Approved  Denied

Necessary factors analyzed:  Yes  No

If Denied explain why; If denied on the basis of undue hardship or fundamental alteration, list the proposed alternative accommodation:

Did Employee/Applicant accept or reject the alternative accommodation?

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

EO Officer's Comments:

**Section 5)** Appeals Process for Employees and Job Applicants

Employees and job applicants who are dissatisfied with either the proposed alternative accommodation or the denial, you may file a written appeal to:

Commissioner  
The Department of Small Business Services  
110 William Street, 7th Floor  
New York, New York 10038

**Section 7)** Appeals Process for Workforce1 Applicants

If you are dissatisfied with either the proposed alternative accommodation or the denial, you may file an appeal orally or in writing to the following contact information:

The Department of Small Business Services  
110 William Street, 7<sup>th</sup> floor  
Equal Opportunity Unit  
New York, New York 10038  
Please use the New York City Telephone  
Relay System number: (800) 662-1220

**Section 6)** Other Places Applicants and Employees May File a Complaint of Discrimination

If you feel you have been discriminated against, during the reasonable accommodation process, you may file a discrimination complaint with an appropriate federal oversight agency under the Americans with Disabilities Act or the Rehabilitation Act of 1973. You may also file to the following contact information:

The Department of Small Business Services  
110 William Street, 7<sup>th</sup> Floor  
Equal Opportunity Unit  
New York, New York 10038  
(212) 618-8727  
Please use the New York City Telephone  
Relay System number: (800) 662-1220

EEOC- An individual may file a charge of discrimination under the Americans with Disabilities Act (ADA) with the Equal Employment Opportunity Commission (EEOC), as long as it is within 300 days from the denial of the request by SBS.

New York State Human Rights Law – Under the disability discrimination provisions of the New York State Human Rights Law, an individual may file a charge of discrimination at the NYS Division of Human Rights ([www.dhr.ny.gov](http://www.dhr.ny.gov)) within one year of the denial, or file a lawsuit in the New York State Supreme Court within three years of the denial.

Or

Those seeking to file a complaint may use a Complaint Information Form to file their complaints. You may obtain a Complaint Information Form from the U.S. Department of Labor's Civil Right Center at the following URL: <http://www.dol.gov/oasam/programs/crc/Cife.pdf>. You may also obtain the form from the EO Unit or EO Liaison. Complaints may be sent to:

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