



## General Accommodation Request Form

As per the [Chancellor's May 13, 2021 letter](#), August 2, 2021 is the date that staff are expected to return to the workplaces to prepare for a more in-person fall. Faculty are expected to return in the Fall session. If you have concerns about returning to onsite work due to disability, pregnancy/childbirth or other reasons covered by CUNY's Reasonable Accommodations and Academic Adjustment Policy, please follow CUNY's [procedures](#) for reasonable accommodation. Employees who have other reasons (for example, caregiving) may be eligible for other options such as FMLA, leaves of absence, or use of annual leave. Please visit the Human Resources website for more information. In most cases, HR encourages employees to speak with their supervisor/unit head to work out a mutually agreeable work schedule. If there is agreement, please complete the [remote work agreement](#). If there are ongoing concerns or 100% remote schedule is being requested, employees may seek a general accommodation by completing this form and submitting it to the Office of Human Resources at [officeofhumanresources@bmcc.cuny.edu](mailto:officeofhumanresources@bmcc.cuny.edu). HR will carefully review all requests on a case-by-case basis in accordance with CUNY's guidelines and applicable law, if any.

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Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Please explain the request below (provide supporting documentation, if applicable):

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I, \_\_\_\_\_, am requesting a non-disability accommodation in accordance with CUNY's Flexible Work Arrangements. I understand that this is a general accommodation and is not covered under CUNY's existing [Reasonable Accommodations and Academic Adjustment Policy](#). I acknowledge that submitting this completed form to the Office of Human Resources does not guarantee approval of my request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY HUMAN RESOURCES ONLY

Approved       Not Approved

Comments: \_\_\_\_\_

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Director of HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_