



Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov
Inclusion through Diversity

DOMESTIC VIOLENCE REASONABLE ACCOMMODATION REQUEST FORM

(Submit to Supervisor, Department Head or Commissioner of Human Resources)

This form is to be used by, or in favor of, the Tompkins County employee. By completing this form, the County employee recognizes the need for, and is therefore requesting, an accommodation per the New York State Human Rights Law and New York State Domestic Violence Prevention Act. Completion of this form, and all the content herein, is to remain confidential between the employee, Supervisor, Department Head, and/or Department of Human Resources.

Employee Name: _____ Phone (home/work): _____

Department: _____ Position Title: _____

Department Head: _____ Date of Request: _____

1. The crime of domestic violence was committed against me (victim) by a family or household member (defendant). The defendants relation to me is: (Check appropriate box)

- Current or former Spouse/Domestic Partner/Significant Other
- We are or were engaged in romantic or intimate relationship
- We have a child in common (Pregnant or Born)
- Related by blood or court order
- Related by marriage (step or in-law)
- Other individual residing or has resided in the same household
- The domestic violence victim is my minor child (natural, adoptive, foster, step)

2. Please specify the circumstance that is the basis for your request for accommodation.

3. Please describe the specific accommodation(s) that you are requesting at this time.

4. Additional Comments and/or information (if any):

I understand that all the information obtained by my employer during this process will be maintained and used in compliance with all Federal and State confidentiality requirements. I also understand that I may be required to provide my employer with information about the need for leave in the form of medical or legal documentation.

Employee Signature: _____ Date: _____

For Human Resources Use Only

Date Received: _____ Date Reviewed: _____

Received by: _____ Reviewed By: _____