

**Human Capital - Bureau of Examinations  
The David N. Dinkins Municipal Building  
One Centre Street, New York, NY 10007**

## **Special Circumstances Guide**

This document has been created to be readable by screen readers and text-to-speech conversions.

Below are the instructions for submitting a request for Religious Observance; Disability; Temporary Disability, Pregnancy-related, or Childbirth-related Condition; Veteran or Disabled Veteran Credit; Parent or Sibling Legacy Credit, or to notify DCAS of a change of Mailing Address, Email Address, and Telephone Number.

These instructions are provided to inform you of the timeline to notify which Department and the type of supporting documentation required.

### **Religious Observance:**

Written requests for an alternate test date because of a religious observance must be received **at least 15 days** before the first date testing is expected to begin. Accordingly, if you are unable to attend on the first date testing is expected to begin as announced on the Notice of Examination because of religious observance, you must notify DCAS of the potential conflict **at least 15 days** before the first date testing is expected to begin. Please do not wait to submit your request for an alternate test date until after you have received your Admission Notice indicating your assigned test date. Requests received untimely may not be accepted or processed.

Your written request for Religious Observance must include the following **8** items:

1. Full Name
2. Last 4-digits of Social Security Number and/or OASys Profile ID number
3. Exam Title and Exam Number
4. Email Address
5. Daytime Telephone Number
6. Statement from you describing in detail the reason or event for requesting an alternate test date for religious observance. For example: Sabbath, wedding, death in the family, specifying your relationship to the deceased, etc.
7. Signature, and
8. Include a signed statement on letterhead from your Religious Leader certifying that your religious observance prohibits you from taking the test on the date the testing is expected to begin

You may submit your written request for Religious Observance and supporting documentation to DCAS as follows:

- By email: [testingaccommodations@dcas.nyc.gov](mailto:testingaccommodations@dcas.nyc.gov) using the subject line “**Request for an Alt Test**” and scan and attach your written request and supporting documentation.
- By fax: 212-313-3421. Include your written request and supporting documentation.
- By mail: DCAS, Test Administration Unit, One Centre Street, 14th Floor, Room 1448, New York, NY 10007. Include your written request and supporting documentation.

**It is strongly recommended that if you decide to notify DCAS by mail that you maintain proof of mailing.**

Applicants will be notified of the decision of their request for special testing accommodations. Applicants approved for special testing accommodations will be notified of the type of special testing accommodations that DCAS will provide. The test date details (location, date, and time) will be provided approximately **two weeks** before the test has been scheduled.

## **Special Testing Accommodations:**

This section provides details for requesting special testing accommodations for a permanent disability. If you have a temporary disability, pregnancy-related or childbirth-related condition, follow the instructions for requesting a Special Make-up Test in the next section.

If you have a permanent disability which will interfere with your ability to take a test without special testing accommodations or other assistance, you must submit a written request for specific special testing accommodations either by email, fax, mail (postmarked) no later than **30 days** before the test date. For some tests, this deadline may vary. Please read the Notice of Examination for the first date testing is expected to begin. Where appropriate and practicable, DCAS may provide an alternative form of accommodation.

Your written request for Special Testing Accommodations must include the following **8** items:

1. Full Name
2. Last 4-digits of Social Security Number and/or OASys Profile ID number
3. Exam Title and Exam Number
4. Email Address
5. Daytime Telephone Number
6. Statement from you describing the specific nature of your disability and the type of special testing accommodations or assistance you are seeking
7. Signature, and
8. Include a signed statement on letterhead from a doctor or agency authorized for this purpose that corroborates your disability

You may submit your written request for Special Testing Accommodations and supporting documentation as follows:

- By email: [testingaccommodations@dcas.nyc.gov](mailto:testingaccommodations@dcas.nyc.gov), using the subject line “**Request for Special Testing Accommodations**”, and scan and attach your written request and supporting documentation.
- By fax: 212-313-3421. Include your written request and supporting documentation.

- By mail: DCAS, Test Administration Unit, One Centre Street, 14th Floor, Room 1448, New York, NY 10007. Include your written request and supporting documentation.

**It is strongly recommended that if you decide to notify DCAS by mail that you maintain proof of mailing.**

Applicants will be notified of the decision of their request for special testing accommodations. Applicants approved for special testing accommodations will be notified of the type of special testing accommodations that DCAS will provide. The test date details (location, date, and time) will be provided approximately **two weeks** before the test has been scheduled.

## **Special Make-up Test:**

This section provides details for requesting a special make-up test due to a temporary disability, pregnancy-related or childbirth-related condition. If you have a permanent disability that will interfere with your ability to take a test without special testing accommodations or other assistance, follow the instructions for requesting Special Testing Accommodations in the previous section.

If you have a temporary disability, pregnancy-related, or childbirth-related condition which prevents you from taking the exam on the date that it is scheduled, you may request a special make-up test by submitting a written request either by email, fax, or mail (postmarked) no later than **one week** following the close of the application period, or if the temporary disability, pregnancy-related, or childbirth-related condition arises after that date, then **within one week** following the occurrence. Where appropriate and practicable, DCAS may provide an alternative form of accommodation, such as an alternative test site.

Your written request must include the following **8** items:

1. Full Name
2. Last 4-digits of Social Security Number and/or OASys Profile ID number
3. Exam Title and Exam Number
4. Email Address
5. Daytime Telephone Number
6. Statement from you requesting for a make-up test **and** the reason. If applicable, you may also request special testing accommodations and include a statement from you describing the specific nature of your disability and the type of special testing accommodations or assistance you are seeking
7. Signature, and
8. Include medical documentation on letterhead signed by an appropriate, licensed doctor specifying the following **4** items:
  - a) the nature of the condition; **and**
  - b) the duration of the condition; **and**
  - c) the functional limitations of the condition; **and**
  - d) why the condition will prevent or has prevented you from taking the test as scheduled

**Please note that If you are requesting special testing accommodation, your supporting documentation must include a signed statement on letterhead from a doctor or agency authorized for this purpose that corroborates your disability.**

You may submit your written request or a special make-up test and if applicable, special testing accommodations and supporting documentation as follows:

- By email: [testingaccommodations@dcas.nyc.gov](mailto:testingaccommodations@dcas.nyc.gov), using the subject line “**Request for Special Make-up Test**” (& **Special Accommodations**, if applicable) and scan and attach your written request and supporting documentation.
- By fax: 212-313-3421. Include your written request and supporting documentation.
- By mail: DCAS, Test Administration Unit, One Centre Street, 14th Floor, Room 1448, New York, NY 10007. Include your written request and supporting documentation.

**It is strongly recommended that if you decide to notify DCAS by mail that you maintain proof of mailing.**

Applicants will be notified of the decision of their request for a special make-up test and if applicable, special testing accommodations. Applicants approved for a special make-up test will be notified of their test date details (location, date, and time) approximately **two weeks** before the test has been scheduled. Additionally, applicants approved for special testing accommodations will be notified of the type of special testing accommodations that DCAS will provide.

## **Veteran or Disabled Veteran Credit:**

For Veteran or Disabled Veteran Credit you must meet the following requirements **by the date of appointment or promotion**:

- Be a resident of New York State; **and**
- Be a United States citizen, or an alien lawfully admitted for permanent residency; **and**
- Received an honorable discharge or release under honorable conditions from the Armed Forces of the United States. The “Armed Forces of the United States” means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law; **and**
- Have served on full-time active duty, other than active duty for training, in **at least** one of the following Time of War periods:

### **Armed Forces of the United States Deployment:**

To satisfy the Time of War period requirement, you must have been deployed during:

- World War II (December 7, 1941 – December 31, 1946); **or**
- Korean Conflict (June 27, 1950 – January 31, 1955); **or**
- Vietnam Conflict (February 28, 1961 – May 7, 1975); **or**
- Persian Gulf Conflict (August 2, 1990 – to be determined)

### **Received the Expeditionary Medal:**

To satisfy the Time of War period requirement, you must have received the expeditionary medal from the armed forces, navy, or the marine corps during:

- Hostilities in Lebanon (June 1, 1983 – December 1, 1987); **or**
- Hostilities in Grenada (October 23, 1983 – November 21, 1983); **or**

- Hostilities in Panama (December 20, 1989 – January 31, 1990)
- For Disabled Veteran Credit only: In addition to above, at the time the list is established, you must have been found to have a service connected disability incurred in a Time of War period, which has been rated at least 10 percent by the U.S. Department of Veterans Affairs (V.A.). If the V.A. has not certified the disability as permanent, it must have been rated at least 10 percent by a V.A. physician no more than one year prior to the date of filing your application or the date of establishment of the eligible list.

Veteran Credit or Disabled Veteran Credit should be requested at the time of application but must be requested before the date the eligible list is established. If a candidate requests Veteran Credit or Disabled Veteran Credit after an application for an exam has been submitted, the candidate must notify DCAS in writing. Claims for Veteran Credit or Disabled Veteran Credit cannot be submitted once the eligible list is established. All claims for Veteran Credit or Disabled Veteran Credit will be investigated and candidates will be required to present supporting documentation, such as discharge papers, to verify their eligibility for the credit.

#### **Additional Information:**

- You may use Veteran or Disabled Veteran Credit only once after January 1, 1951 for appointment or promotion from a City, State, or County civil service list from a jurisdiction within the State of New York.
- Veteran or Disabled Veteran credit will be added only to the final score of those candidates who pass all parts of the examination.
- The above is only a summary of necessary conditions. The complete provisions are contained in statutory and decisional law.

Your written request for Veteran Credit or Disabled Veteran Credit must include the following **7** items:

1. Full Name
2. Last 4-digits of Social Security Number and/or OASys Profile ID number
3. Exam Title and Exam Number
4. Mailing Address
5. Daytime Telephone Number
6. Statement from you requesting to have Veteran Credit or Disabled Veteran Credit added to your test score, and
7. Signature

You may submit your written request to claim Veteran Credit or Disabled Veteran Credit as follows:

- By email: [LMACustomerService@dcas.nyc.gov](mailto:LMACustomerService@dcas.nyc.gov), using the subject line “**Request for Veteran Credit**” or “**Request for Disabled Veteran Credit**” and submit your written request.
- By fax 212-313-3436. Include your written request.
- By mail: DCAS, List Management and Audit, One Centre Street, 21<sup>st</sup> Floor, Room 2150, New York, NY 10007. Include your written request.

**It is strongly recommended that if you decide to notify DCAS by mail that you maintain proof of mailing.**

Please note that including supporting documentation, such as your DD-214 is not required with your request to receive this credit. You will be notified when to present your supporting documentation.

## **Legacy Credit (Parent or Sibling):**

Please note that this credit is for **Open-Competitive Examinations Only**

Ten points can be added to an open-competitive exam's test score of a candidate **who is the child or sibling of:**

- an individual who served the City of New York as a Firefighter, Police Officer, Emergency Medical Technician, or Paramedic and was killed in the line of duty; **and or**
- an individual who served the City of New York as a Firefighter or Police Officer and died in the performance of duty as a result of the World Trade Center attack on September 11, 2001 or as the result of participation in the rescue effort that took place in response to the attack; **and or**
- a FDNY EMS member in the service of the City of New York who died in the performance of duty as the result of the World Trade Center attack on September 11, 2001 or as the result of participation in the rescue efforts that took place in response to the attack.

A candidate can receive Legacy Credit for no more than one parent or one sibling. A candidate can, however, receive Legacy Credit for both a parent and a sibling, in which case, the candidate may be entitled to 20 points. Legacy Credit should be requested at the time of application but **must** be requested **before the date the eligible list is established**. If a candidate requests Legacy Credit after an application for an exam has been submitted, the candidate must notify DCAS in writing. All claims for Parent Legacy Credit and Sibling Legacy Credit will be investigated and candidates will be required to present to the hiring agency prior to appointment, supporting documentation verifying their eligibility for the credits.

### **Additional Information:**

- You may use Legacy Credit only once for appointment from a City, State, or County open-competitive civil service eligible list from a jurisdiction within the State of New York.
- Legacy Credit will be added only to the final score of those candidates who pass all parts of the open-competitive examination.
- The above description of Legacy Credit is only a summary of necessary conditions. The complete provisions are contained in the relevant statutory and decisional laws governing Parent and Sibling Legacy Credit.

Your written request for Parent Legacy Credit, Sibling Legacy Credit, or both Parent and Sibling Legacy Credit must include the following **7** items:

1. Full Name
2. Last 4-digits of Social Security Number and/or OASys Profile ID number
3. Exam Title and Exam Number
4. Mailing Address
5. Daytime Telephone Number
6. Statement from you requesting to receive Parent Legacy Credit or Sibling Legacy Credit, or both Parent and Sibling Legacy Credit added to your test score, and
7. Signature

You may submit your written request to claim Parent Legacy Credit, Sibling Legacy Credit, or both Parent and Sibling Legacy Credit as follows:

- By email: [LMACustomerService@dcas.nyc.gov](mailto:LMACustomerService@dcas.nyc.gov), using the subject line “**Request for Legacy Credit**” and submit your written request.
- By fax 212-313-3436. Include your written request.
- By mail: DCAS, List Management and Audit, One Centre Street, 21<sup>st</sup> Floor, Room 2150, New York, NY 10007. Include your written request.

**It is strongly recommended that if you decide to notify DCAS by mail that you maintain proof of mailing.**

## **Change of Mailing Address, Email Address, or Telephone Number:**

It is critical that you promptly notify DCAS of any change to your mailing address, email address and phone number. If we do not have your correct mailing address, email address or phone number, you will not receive information about your exams, consideration for appointment, and important information that may require a response by a specified deadline.

If you need to update your Mailing Address, Email Address, or Telephone Number, follow the instructions below:

- City Employees: Update this information in NYCAPS Employee Self-Service (ESS) at [www.nyc.gov/ess](http://www.nyc.gov/ess)
- All Others: Update this information on your Profile page in the Online Application System (OASys) by logging into your OASys account and navigating to your Dashboard, then your Profile tab (at [www.nyc.gov/examsforjobs](http://www.nyc.gov/examsforjobs))
- Submit a written request that includes the following **7** items:
  1. Full Name
  2. Last 4-digits of Social Security Number and/or OASys Profile ID number
  3. Exam Titles and Exam Numbers
  4. Previous mailing address, email address, or telephone number
  5. Current or new mailing address, email address, or telephone number
  6. Signature, and
  7. Include a copy of a valid photo ID such as NYS ID, IDNYC, Driver License, Passport, etc.

You may submit your written request to change your Mailing Address, Email Address, or Telephone Number as follows:

- By email: [OASys@dcas.nyc.gov](mailto:OASys@dcas.nyc.gov), using the subject line “**Data Correction**” and scan and attach your written request and the copy of your valid photo ID.
- By fax: 646-500-7190. Include your written request and copy of your valid photo ID.
- By mail: DCAS, Applications Processing Unit, One Centre Street, 14<sup>th</sup> Floor, Room 1448, New York, NY 10007. Include your written request and a copy of your valid photo ID.

**It is strongly recommended that if you decide to notify DCAS by mail that you maintain proof of mailing.**

**Please Note:**

- Written requests received to change the Mailing Address, Email Address, or Telephone Number without a copy of your valid photo ID will not be processed.
- Once your requested Mailing Address, Email Address, and Telephone Number has been changed, **this results in a change for every eligible list on which your name appears.**

**Change of Name and or Social Security Number:**

- Use the Data Correction Form and follow all instructions for changing your name and or social security number with DCAS. The following link will provide you with the DCAS Data Correction Form: <https://www1.nyc.gov/assets/dcas/downloads/pdf/employment/dp148a.pdf>

**Revised: January 2022**