UNIVERSITY of MARYLAND BALTIMORE

HR / Employee and Labor Relations
620 West Lexington Street, 3rd Floor
Baltimore, MD 21201
410 706 7302

REVISED 01/15/2026 - UNIVERSITY OF MARYLAND, BALTIMORE -
CONFIDENTIAL-
REQUEST FOR REASONABLE ACCOMMODATION FORM – EMPLOYEE

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is required for an employee with a disability to perform one or more essential functions of their job safely and effectively. *This form must be filed separately from the employee's personnel file and will be kept in the Human Resources / Employee and Labor Relations (HR/ELR) unit.*

University/Administrative Area: ______________________________

Department/Unit: ______________________________

SECTION : I To be completed by employee requesting accommodation.

Name: ______________________________ Employee ID# ______________

Department: ______________________________

Address: ______________________________

Phone: ______________________ Cell: ______________________

Email: ______________________________

Job Title: ______________________ Request Date: ______________

Department Head/Supervisor: ______________________________

Location: ______________________ Phone: ______________________

Note: *ADA does not require that a specific or requested accommodation be granted but rather that an appropriate, reasonable accommodation be made to a qualified individual with a disability. The University will make every effort to reasonably accommodate an employee who has a disability if that accommodation allows the employee to fully carry out the duties of his/her position. Every effort will be made to involve the individual with a disability in identifying and implementing reasonable accommodations.*

I am hereby requesting a reasonable accommodation due to my disability. I grant permission to HR/ELR and individuals identified by the unit as necessary participants in the decision-making process to explore coverage and reasonable accommodations under the Americans with Disabilities Act. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

An equal opportunity and affirmative action employer.

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I further understand that I am required to complete and sign the attached release of information form (*Authorization for Disclosure of Health Information*) giving HR/ELR permission to consult with my health care professional(s) in order to determine that I am a qualified employee with a disability and to seek guidance as to any functional limitations based on my disability.

____ ______________

Employee's signature Date

SECTION II: To be completed by employing department/unit.

Has the employee signed a Request for Reasonable Accommodation Form (Section I)?

YES ☐ NO ☐ *If no, request signature. (Copy to be given to the employee.)*

____ ______________

Signature of Employing Dept. /Unit Supervisor or Liaison Date

Employing Department/Unit:
Send a copy of the employee's current job description to HR/ELR at
620 W. Lexington Street, 3rd Floor, Baltimore, MD 21201.
You may email the job description to leave_and_accom@umaryland.edu.
If you have any questions, please call 410-706-7302.

Employee:
Send a copy of the entire signed Request for Reasonable Accommodation Form (Section I, II and IIA) to HR/ELR at 620 W. Lexington Street, 3rd Floor, Baltimore, MD 21201.
You may email the document to leave_and_accom@umaryland.edu.
If you have any questions, please call 410-706-7302.

Section IIA: May contain personal medical information. Please DO NOT SHARE with unauthorized personnel, including your employing department or unit.

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REQUEST FOR REASONABLE ACCOMMODATION FORM – EMPLOYEE (CONT'D)

Name: ______________________________

SECTION IIA: To be completed by employee requesting accommodation.

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please answer the following questions to assist us in understanding the basis and nature of your request for an accommodation (attach additional sheets if necessary).

A. Please state the nature of your disability and, as necessary, attach documentation from your qualified health care provider to verify your disability.

B. What are the limitations caused by your condition(s) that you are currently experiencing? Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.

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C. Given your limitations, what parts of your assigned job duties are impeded by your condition?

D. Describe the accommodation(s) you are requesting?

E. Explain how the accommodation(s) you are requesting will enable you to perform the essential functions of your job?

F. Will you be able to perform all the essential functions of your job if you receive the requested accommodations? If not, describe the functions you will not be able to perform.

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G. Do you need assistance to identify accommodation(s) that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

H. Provide any information or suggestions you can on how the requested accommodation(s) can be provided. If known, include the names, address and telephone numbers of vendors and model number and approximate cost of any equipment requested.

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