

BCPS
ADA ACCOMMODATION REQUEST
For Employees
(Confidential Evaluation to be completed by the employee)

Instructions

Employee: Complete the information below, attach the requested documentation, and submit it to the EEO Office by interoffice mail (marked confidential) or U.S. mail: 1946 Greenspring Drive, Ste. N, Timonium, MD 21093.

Please note – If there is an immediate need for an accommodation, pending the processing or receipt of documentation, please call the EEO Office at 410-887-8937.

Name _____ Employee **Last 4** SS Number _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Work Location _____

Supervisor/Principal _____ Work Telephone _____

Current Position _____ Home Telephone _____

Email Address _____ Cell Phone _____

Disability or Medical Limitations: Explain carefully—Use additional paper if necessary. (Please attach the enclosed Medical Inquiry Form after your care provider completes it. It should include your disability, restrictions, and accommodation needed.)

Does your medical condition require a special work assignment? __ Yes __ No
If yes, explain below.

(Continue on next page)

ACCOMMODATION REQUEST – Page 2

(Confidential Evaluation)

Accommodation Requested: (Be Specific)

Applicant Certification:

I certify that all statements and answers provided by me on this form are complete and true to the best of my knowledge and I understand that any falsification of my medical history or request may be cause for discharge. I understand that any personal medical history and fitness revealed as a result of this request for a reasonable accommodation will be treated as **Confidential**, will be maintained in a medical-specific file, and shall not be released to third parties outside of the Baltimore County Public Schools without my written authorization.

Date

Signature of Applicant

I further authorize the release to Baltimore County Public Schools any information from my medical records, which is considered pertinent to my accommodation request.

Date

Signature of Applicant

Do not write below this line. To be completed by EEO and Compliance Office

Accommodation Granted? __Yes. __No.

If **Yes**, provide accommodation granted below. If **No**, explain why denied.

Date

Signature

Position