ADA: Reasonable Accommodation Request Form

CONFIDENTIAL

This is a confidential form and should be submitted by the requesting applicant/employee directly to the CSU's Office of Human Resources, 2500 W. North Ave., Balt. MD 21216, Room: PEC 348, in an enveloped marked CC/Reasonable Accommodation Request, Confidential. Only employees and volunteers are expected to complete workplace information requested below.

Employee or Applicant Name:	Job Title: Department: Supervisor/Dept. Head:
Work Ext./or Daytime Phone #	Address:
Employee: Applicant:	Request Date:
My disability/functional limitation is:	
My disability/functional limitation prevents me from performing the following activities:	
I am requesting accommodation because: I am applying for employment and the accommodation will allow me to participate in the application/selection process I am currently employed by the CSU and require an accommodation in my current position.	
The accommodation I am requesting is: (Describe the type of accommodation; you believe are needed to enable you to perform the essential functions of your job and the details of how or where the accommodation (if purchasable) may be obtained, including the cost if known).	
This accommodation will allow me to perform the primary functions of my job or participate in the application/selection process as follows: (Describe how the accommodation will assist you)	
PHYSICIAN CONTACT INFORMATION: (EMPLOYEES ONLY) Please provide name, address, telephone and fax numbers). The physician may receive a letter/fax from us requesting information on you impairment/disability and recommendations for accommodations	
I authorize the release of necessary confidential medical information regarding my disability to relevant hiring managers as deemed necessary by the Office of Human Resources. I also attest to the fact that a copy of the position description has been given to me for review and reference	

¯ I UNDERSTAND THAT I AM REQUIRED TO PROVIDE MEDICAL INFORMATION FROM MY HEALTH CARE PROVIDER AS PART OF THIS PROCESS.

Signature _____ Print Name & Date