State of Maryland
Reasonable Accommodation Request Form
CONFIDENTIAL

Employee or Applicant Name:	Job Title:
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 State and require an accommodation in my current position.

The accommodation I am requesting is: (Describe the type of accommodation, suggestions for work site or exam site modifications or specific job duties that may be restructured to facilitate your employment or participation, 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 functions of my job or participate in the application/selection process as follows: (Describe how the accommodation will assist you)

☐ I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE MEDICAL INFORMATION FROM MY HEALTH CARE PROVIDER AS PART OF THIS PROCESS.

_____

Signature Date

_____

Print Name