

**State of Maryland**  
**Reasonable Accommodation Employer Review Form**  
**CONFIDENTIAL**

Employee or Applicant Name:	Job Title:
Daytime Phone #	Address:
Employee:                      Applicant:	Request Date:
Describe disability and functional limitations:	
Describe accommodation being requested and purpose for request:	
List essential functions of position and indicate whether the employee can perform the function with the requested accommodation:	
1.	Yes      No      N/A
2.	Yes      No      N/A
3.	Yes      No      N/A
*Accommodation not necessary to perform this function. (Attach additional pages if necessary)	
Was medical information provided?    Yes              No	
If yes, indicate by whom, and identify who reviewed medical information.	
Accommodation request is:    Approved              Denied              Modified	
If APPROVED, indicate what accommodation will be provided. If MODIFIED, describe modification and provide reason. If DENIED, complete section below.	

## Reasonable Accommodations Policy and Procedure

IF REQUEST WAS DENIED, check reasons for denying the accommodation request. You may check more than one reason.

The individual did not provide documentation of a disability that substantially limits a major life activity.

The requested accommodation is ineffective (will not enable individual to perform the essential functions of the position).

The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.

The accommodation/modification request will:

Create an undue administrative burden.

Create an undue impact on operations.

Fundamentally alter the nature or operation of the facility.

Require lowering of current of current performance standard(s).

An effective accommodation that would not pose an undue hardship was offered but rejected by the individual.

**Name of person making the decision:**

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_

**ADA Coordinator:**

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_

**Submit a copy of this form to the Office of the Statewide EEO Coordinator with the Agency Case Tracking Form to [oseec.dbm@maryland.gov](mailto:oseec.dbm@maryland.gov).**