



# Maryland Department of Budget and Management Office of the Statewide EEO Coordinator

## State of Maryland Reasonable Accommodation Request Form

**\*CONFIDENTIAL\***

In accordance with Title I of the Americans with Disabilities Act Amendments Act (ADAAA), Title 20 of the State Government Article, Annotated Code of Maryland, and Title VII of the Civil Rights Act, the State of Maryland does not discriminate against persons with a disability in the provision of services, programs, benefits, or activities.

A reasonable accommodation is any modification or adjustment to a job, work environment, or program that will enable a qualified employee, applicant, or recipient with a disability to perform essential job functions, participate in the applicant process, or participate in a State service and/or program.

Please refer to the State of Maryland [Reasonable Accommodations Policy and Procedure](#) for further information.

This form and any supporting materials or information is confidential.

**For employment-related matters, requests for reasonable accommodation may be submitted to the agency's designated ADA Coordinator.**



# Maryland Department of Budget and Management

## Office of the Statewide EEO Coordinator

<b>Section A: Personal Information</b>	
Agency:	Division / Unit:
Requesting Party's Name:	Daytime Phone Number:
Email Address:	Request Date:
Address:	
Affiliation (choose one):  Employee  Applicant  Program Participant	
Job Title / Position Applied to or Program Name:	
Supervisor Name:	Supervisor Email Address:



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### **Section B: Nature of Disability**

State the functional limitations that you experience as a result of your health condition.

My limitation(s) prevents me from performing the following program or work-related activities:

I am requesting accommodation because (choose one):

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 of Maryland and require an accommodation in my current position.

I am a person seeking an accommodation so that I may participate in a State of Maryland program, service, or activity for which I am otherwise qualified.



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### Section C: Proposed Accommodations

The accommodation I am requesting is:

Describe the type of accommodation, suggestions for work site, exam or program 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 or program as follows:

Describe how the accommodation will assist you.

**I understand that I may be required to provide medical documentation from my health care provider as part of this process.**

### Section D: Acknowledge and Sign

Signature: