

State of Maryland
Reasonable Accommodation Request Form
CONFIDENTIAL

Employee or Applicant Name:	Job Title:
Daytime Phone #	Address:
Employee: <input type="checkbox"/> Applicant: <input type="checkbox"/>	Request Date:
My disability/functional limitation is:	
My disability/functional limitation prevents me from performing the following activities:	
I am requesting accommodation because: <input type="checkbox"/> I am applying for employment and the accommodation will allow me to participate in the application/selection process <input type="checkbox"/> I am currently employed by the State and require an accommodation in my current position.	
The accommodation I am requesting is:	
Describe how the accommodation will assist you:	
<input type="checkbox"/> I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE MEDICAL INFORMATION FROM MY HEALTH CARE PROVIDER AS PART OF THIS PROCESS.	
Signature:	
Print Name:	