

Case Number: \_\_\_\_\_



# ADA ACCOMMODATION REQUEST For Employees

(Confidential Evaluation to be completed by the Employee)

## Instructions

**Employee:** Complete the information below, attach the requested documentation, and submit it to: Tara L. Berrien, AVP of Diversity, EEO, and Title IX, [tara.berrien@morgan.edu](mailto:tara.berrien@morgan.edu); Tyler Hall, Room 503, 1700 E. Cold Spring Lane, Baltimore, MD 21251; Phone: 443-885-3559 (Confidential).

**NOTE:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Position \_\_\_\_\_

Work Location \_\_\_\_\_ Work Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_ Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Disability or Medical Limitations:** (Explain carefully. Please attach the Medical Inquiry Form after your health care provider completes it.)

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# ADA ACCOMMODATION REQUEST (Confidential Evaluation)

Does your medical condition require a special work assignment? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain below.

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**Accommodation(s) Requested:** (Be Specific)

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## Applicant Certification:

I certify that all statements and answers provided by me on this form are complete and true to the best of my knowledge. I understand that any falsification of my medical history or request may be cause for discipline and/or discharge. I understand that any personal medical history and fitness revealed as a result of this request for a reasonable accommodation will be treated as **Confidential**, will be maintained in a medical-specific file, and shall not be released to third parties outside of Morgan State University without my written authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I further authorize the release to Morgan State University any information from my medical records, which is considered pertinent to my accommodation request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date