

OFFICE USE ONLY

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 the Diversity & EEO Office by interoffice mail or U.S. mail: 1700 E. Cold Spring Lane, Truth Hall, Room 103, Baltimore, MD 21251

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. Use additional paper if necessary. 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