



# Faculty/Staff Accommodation Request

## OVERVIEW

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This form is the initial step in processing your request for an accommodation under the University's Disability and Accessibility Policy and Americans with Disabilities Act (ADA).

[VI-100D UNIVERSITY OF MARYLAND DISABILITY & ACCESSIBILITY \(umd.edu\)](http://umd.edu)

An accommodation is a reasonable modification or adjustment to the work environment that enables a qualified individual with a disability to perform the essential duties of their job, or enjoy the same benefits and privileges of employment as are enjoyed by non-disabled individuals.

In order to determine whether you are eligible for an accommodation under the ADA, the ADA Coordinator will ask for documentation of your disability.

## CONFIDENTIALITY

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The ADA Coordinator is required to keep information regarding your disability confidential; therefore, information related to your accommodation request will be maintained separately from your personnel records. However, the law allows the ADA Coordinator to share information regarding your disability with individuals who are considered to have a legitimate need to know in order to adequately provide for reasonable accommodation(s). Such persons may include your manager(s), human resources staff, first aid and/or safety personnel, personnel investigating compliance with the ADA, and/or other persons considered to have a legitimate need to know.

By submitting this request, you acknowledge that information regarding your disability may be shared with those who have a legitimate need to know.

## FACULTY/STAFF MEMBER'S INFORMATION

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<b>UID:</b>	
<b>Name:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Department:</b>	
<b>Position / Title:</b>	
<b>Dean / Chair:</b>	
<b>Dean / Chair Phone:</b>	
<b>Manager:</b>	
<b>Manager Phone:</b>	



# Faculty/Staff Accommodation Request

## **ACCOMMODATION REQUEST DETAILS – COMPLETED BY FACULTY/STAFF MEMBER**

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1. Please describe the disability for which you are requesting an accommodation.
  
  
  
  
  
  
  
2. Please describe in detail how your disability affects your ability to perform the essential duties of your job.
  
  
  
  
  
  
  
3. Please describe the reasonable accommodation(s) you are requesting and how they will aid you in performing the essential duties of your job.

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**Signature**

**Printed Name**

**Date**

## **STATEMENT OF UNDERSTANDING – COMPLETED BY FACULTY MEMBER ONLY**

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1. I understand that the establishment of reasonable accommodation is an interactive process.
2. I understand that I should request a detailed listing of the essential duties of my job from my Department Chair, Dean, and/or manager in order to engage in the interactive process to help determine accommodation(s).
3. I understand that I should share the detailed listing of the essential duties of my job with my health care provider.

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**Signature**

**Printed Name**

**Date**



## Faculty/Staff Accommodation Request

### RELEASE OF HEALTH CARE INFORMATION

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I authorize my health care provider(s) to release information to, and if necessary, speak with the ADA Coordinator about my disability for the purpose of determining appropriate and reasonable employment accommodation(s).

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**Signature**

**Printed Name**

**Date**

You may submit your request to the University Human Resources Office of Staff Relations in person, by mail, via email, or confidential fax. Please ensure all sections of the request are completed in their entirety.

University Human Resources, Office of Staff Relations  
Leave Management Team  
3110 Chesapeake Building  
4300 Terrapin Trail  
College Park, MD 20742

[umdleave@umd.edu](mailto:umdleave@umd.edu)

(P) 301.405.0001

(F) 301.405.5885



# Faculty/Staff Accommodation Request

## DISABILITY INFORMATION REQUEST – COMPLETED BY HEALTH CARE PROVIDER

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<b>Name:</b>	<b>Date of Birth:</b>
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The faculty/staff member named above has requested that the University of Maryland provide him/her with a reasonable accommodation under the University's Disability and Accessibility Policy, inclusive of requirements under the Americans with Disabilities Act (ADA). An individual with a disability is a person with a physical or mental impairment that substantially limits one or more major life activities, such as breathing, eating, sleeping, walking, talking, seeing etc.

Faculty/Staff members making such a request must provide the University with current documentation of a disability. Please provide complete and sufficient answers to all of the questions below. These questions will help determine:

1. Whether the faculty/staff member has a disability,
2. Whether an accommodation is needed, and
3. What options may exist that would constitute an effective, reasonable accommodation.

Also, please provide any supplemental material/documentation you believe would be helpful in considering the faculty/staff member's request for accommodation.

## HEALTH CARE PROVIDER'S INFORMATION

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Name:	
Medical Specialty:	
Address:	
Phone:	
Fax:	



## Faculty/Staff Accommodation Request

- 1. Please identify this individual's physical and/or mental impairment(s).**
- 2. Please describe the effects or limitations this impairment has on the individual's major life activities, if any.**
- 3. Please describe whether the effects or limitations are short-term, long-term, or permanent.**
- 4. How does the individual's limitation(s) interfere with his/her ability to perform the essential duties of their job?**
- 5. Are there any activities or job functions that would present a health or safety risk to the individual or others due to their impairment(s) or treatment?**



## Faculty/Staff Accommodation Request

- Please provide suggestions for possible accommodations that will enable the individual to perform the essential duties of their job.**

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**Signature**

**Printed Name**

**Date**

This request may be returned to the faculty/staff member or submitted directly to the University Human Resources Office of Staff Relations by mail, via email, or confidential fax. Please ensure all sections of the request are completed in their entirety.

University of Maryland, College Park  
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