

REQUEST FOR REASONABLE ACCOMMODATION

SECTION I: REQUESTOR INFORMATION				
Assistance Needed: (Check One)	Application Process	Performing Job Functions or Accessing Work Environment	Accessing an Employee Benefit or Privilege	Personal Assistance Services
First Name:		Last Name:		
<i>Current Employees Only</i>				
Office or Division Assignment:		Office Location:		
Position Classification:		Position Title:		
Work Location or Office Address:				
Work Telephone:		Personal Telephone:		
Email Address:				
Supervisor's Name:		Supervisor's Telephone:		
<i>Applicants, Employees On Full-Time Telework, or Employees On Extended Leave</i>				
Home Address:				
Personal Telephone:		Job Vacancy Number: (Applicants only)		
SECTION II. ACCOMMODATION REQUESTED				
What specific accommodation are you requesting?				
If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?			Yes	No
If yes, please explain.				
Date Request for Reasonable Accommodation Needed:				
Is your accommodation request time sensitive?			Yes	No
If yes, please explain.				

SECTION III. REASON FOR REQUEST		
What, if any, job function are you having difficulty performing?		
What, if any, employment benefit are you having difficulty accessing?		
What limitation is interfering with your ability to perform your job or access an employment benefit?		
Have you had any accommodations in the past for this same limitation?	Yes	No
If yes, what were they and how effective were they?		
If you are requesting a specific accommodation, how will that accommodation assist you?		
SECTION IV. OTHER		
Please provide any additional information that might be useful in processing your accommodation request:		

I acknowledge that I may be required to submit medical documentation from my healthcare provider to support my request.

Signature

Date

Return this form to: DPSCS Office of Equal Employment Opportunity
6776 Reisterstown Road, Suite 307
Baltimore, MD 21215
410-585-3005 | Fax: 410.318.8905

Individuals with a disability may also utilize the Maryland Relay System by Calling: 1-800-735-2258

The Privacy Act of 1974, 5 U.S.C. §552a, authorizes collection of this information. The purpose of this information is to process the reasonable accommodation request(s). Completion of this form is not mandatory; however, failure to provide the information may result in your reasonable accommodation request not being processed. Under 29 C.F.R. § 1630.14 additional disclosures of this information may include: (1) Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations; (2) First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment; and (3) Government officials investigating compliance

ADDITIONAL DEMOGRAPHIC DATA – Only for Statistical Purposes							
<p>Providing requested demographic data shown below is optional and is not required in order to file a Reasonable Request for Accommodation. The demographic data acquired through this survey is used exclusively for statistical purposes and shall not be disclosed to another agency in a form that identifies you as an individual.</p> <p>The collected data may only be used by officers, employees, or agents of the Department of Public Safety and Correctional Services for statistical purposes and is protected in accordance with 29 CFR 1602.7.</p>							
Race and Ethnicity	Gender Identity and Age						
<p>1. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</p> <p>2. Select one or more of the following races:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>1. Select one of the following genders:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Trans or Transgender</p> <p><input type="checkbox"/> Non-binary</p> <p><input type="checkbox"/> Gender non-conforming</p> <p>2. Select one of the following age groups:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 18—25</td> <td><input type="checkbox"/> 46—55</td> </tr> <tr> <td><input type="checkbox"/> 26—35</td> <td><input type="checkbox"/> 56—65</td> </tr> <tr> <td><input type="checkbox"/> 36—45</td> <td><input type="checkbox"/> 66 years or older</td> </tr> </table>	<input type="checkbox"/> 18—25	<input type="checkbox"/> 46—55	<input type="checkbox"/> 26—35	<input type="checkbox"/> 56—65	<input type="checkbox"/> 36—45	<input type="checkbox"/> 66 years or older
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