



Faculty/Staff Accommodation Request

OVERVIEW

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

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

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



Faculty/Staff Accommodation Request

RELEASE OF HEALTH CARE INFORMATION

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).

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

(P) 301.405.0001

(F) 301.405.5885



Faculty/Staff Accommodation Request

DISABILITY INFORMATION REQUEST – COMPLETED BY HEALTH CARE PROVIDER

Name:	Date of Birth:
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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

Name:	
Medical Specialty:	
Address:	
Phone:	
Fax:	



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

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.

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