



Employee Request for ADA/AA Accommodation

Employee Name: _____ (Please Print)		EIN: _____
Address/City/State/Zip _____		
Phone Number: _____		Work Phone Number: _____
Campus: _____	Department: _____	
Job Title/Position: _____	Org. Unit: _____	

SECTION I – EMPLOYEE

Which, if any, essential functions of your job are you having difficulty performing?

What limitation(s) do you have that is (are) interfering with your ability to perform the above referenced essential functions of your job, or interfering with your ability to access an employment benefit? *(Do not provide a medical diagnosis or genetic information)*

What accommodation are you requesting? How will that accommodation assist you?

Please provide any additional information that might be useful in processing your accommodation request (e.g.; time sensitive, limited or no access to a CCBC benefit/function/program, etc.):



Employee Request for ADAAA Accommodation

Employee Signature

Date

For immediate review and consideration, please scan this form as an attachment to the Employee Relations & Equity team at equity@ccbcmd.edu or Fax confidentially to Employee Relations at 443-840-5167.