Employee Request for ADAAA Accommodation

Employee Name: _____ EIN: _____
(Please Print)
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 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.