CONFIDENTIAL

[Date]

[Employee Name]
[Address]

RE: ADA Accommodation Request Denial

Dear [Employee Name]:

This letter is in response to your request for an ADA accommodation to perform the essential functions of your position.

Form JHRD – 202, completed by your health care practitioner, dated _____, stated that you have the following work restriction(s):
(Describe restrictions)

After engaging in the interactive process with you, a careful review of your request (JHRD – 201) and the Medical Inquiry form (JHRD – 202) completed by your health care practitioner, we have determined that we are unable to grant your request at this time.

___ In place of your request, the Maryland Judiciary is prepared to provide the following accommodation(s):

Should you wish to accept this/these accommodation(s), please contact me as soon as possible.

___ The Maryland Judiciary has determined that no accommodation is possible without imposing undue hardship on the Judiciary's business.

___ The Maryland Judiciary has determined that it needs additional information from your health care provider. We will be in contact with you after we have received the additional information.

___ The Maryland Judiciary has determined that the requested accommodation will not permit you to perform the essential functions of your job. Therefore, _____.

Your records will be maintained in accordance with applicable confidentiality requirements. Please do not hesitate to contact me if you have any questions.

Sincerely,

[Administrative Official's Name and Title]

cc: Linda McCabe, ADA Coordinator
Human Resources, Employee Relations