

Response to Initial Request From Employee for Disability Accommodation

[Date]

[Employee Name]
[Employee Job Title]
[Employee PIN]

Dear [Employee Name]:

You have advised us that you believe you need a workplace accommodation due to a disability. In order for the Maryland Judiciary to evaluate your request, please submit documentation from your physician setting forth:

- your medical condition;
- potential workplace accommodations; and
- the length of time you will need an accommodation.

After we receive and review this information, we will discuss this issue with you further. Please submit this information no later than _____. Note that the Maryland Judiciary is not required to provide any accommodation that would pose an undue hardship on the Maryland Judiciary.

Sincerely,

[Administrative Official's Name]
[Administrative Official's Title]

cc: Linda McCabe
Office of Fair Practices, ADA
2001 A Commerce Park Dr.
Annapolis, MD 21401
FAX: 410-260-3575