

## ADA Accommodation Request Approval

*(for use by Administrative Official Only)*

[Date]

[Employee Name]

[Employee Job Title]

[Employee PIN]

Dear [Employee Name]:

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

The health care provider's note that you gave us on [date] stated that you have the following work restriction(s):

- 1.
- 2.
- 3.

We meet with you on [date] to discuss possible accommodations needed because of these restrictions.

Your request for an accommodation has been approved effective as follows:

[Describe accommodations]

Your manager(s) has been notified of the accommodation and of any safety or health emergencies that might occur. This accommodation will be in place until [date].

Should you believe you need an extension of this accommodation, please inform your supervisor or the Office of Fair Practices so that the ADA accommodation process can re-commence. Your records will be maintained in accordance with applicable confidentiality requirements. Please contact me if you have any questions.

Sincerely,

[Administrative Official's Name]

[Administrative Official's Title]

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