

ADA Accommodation Request Denial Form

(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):

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

After a careful review of your request, 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:

Should you wish to accept this accommodation, 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 and is attaching a Release of Health Information form which will permit us to confer with your health care provider.

___ The Maryland Judiciary has determined that the requested accommodation will not permit you to perform the essential functions of your job. Since we are unable to accommodate you reasonably in your current job, we will notify you of other vacancies for which you are qualified as they occur and attempt to accommodate you by a transfer to such a position.

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]

[Administrative Official's Title]

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