ADA Accommodation Request

Accommodation Request

Title I of the Americans with Disability Act (ADA) is a civil rights law, which protects qualified individuals with disabilities in employment practices. The Judiciary is required to provide reasonable accommodations to qualified individuals with disabilities in order to: (1) ensure equal opportunity in the application process (2) enable a qualified individual with a disability to perform his/her essential job functions (3) enable an individual with a disability to enjoy equal benefits and privileges of employment.

Complete the following sections of the ADA Accommodation Request form.

Form Tab: Click on the Form Tab

1. **Subject**: The system will default this information using the employee's name and work location. The subject line will help to track the transaction.
2. **Employee ID**: The system will default the Employee ID of the person submitting the request.
3. **Name**: The system will default the Name of the person submitting the request.
4. **Position**: The system will default the current position information for the requestor.
5. **Address**: The system will default the current address information for the requestor, enter any changes if necessary.
6. **City/State**: The system will default the current city and state information for the requestor, enter any changes if necessary.
7. **Zip Code**: The system will default the current zip code information for the requestor, enter any changes if necessary.
8. **Work Location**: The system will default the current work location information for the requestor, enter any changes if necessary.
9. **Work Telephone**: Type contact phone number.
10. **Request Date**: Enter the date of your request.
11. **Accommodation**: Briefly describe the ADA accommodation request.

A confirmation email will be generated to you after submitting the transaction. Additional emails will be sent with the status of your transaction.

You can track the accommodation(s) determination by searching your request in this page.

Instructions for Completion of JHRD 202 Medical Inquiry Form (Employees Only)

You can download these forms in the Attachment tab section of this page.

- Have your Health Care Practitioner complete the Medical Inquiry form and return within 14 days to your ADA Field Coordinator/Administrative Head.
- Complete the Authorization for Release of Medical Information form and return with the Medical Inquiry form.

Fax the entire JHRD 202 Medical Inquiry Form to the confidential fax line: 410-260-1253.

Administrative Head/ADA Field Coordinator

- If the request is for an employee, meet with the employee to discuss the requested accommodation(s) and/or alternative accommodation(s).
- If the request is for an applicant, are you sure you have an accurate understanding of the requested accommodation(s) and/or alternative accommodation(s)?
- Notify the employee/applicant and those with a need to know of the accommodation(s) determination.
- Attach all documentation to this request for record-keeping purposes.

Please call Linda McCabe, ADA Officer, at 410-260-3678 should you have any questions.