

University of Maryland, College Park

FACULTY ACCOMMODATION REQUEST FORM

OVERVIEW

This form is the initial step in processing your request for an accommodation under the University of Maryland's Disability & Accessibility Policy (<http://www.president.umd.edu/administration/policies/section-vi-general-administration/vi-100d>).

An accommodation is a reasonable modification or adjustment to the work environment that enables a qualified person with a disability to perform the essential functions of a position, or enjoy the same benefits of employment as non-disabled individuals.

In order to determine whether you are eligible for an accommodation the ADA Coordinator will ask for documentation of your disability.

CONFIDENTIALITY

The ADA Coordinator is required to keep medical documentation related to your disability, confidential. Such information is maintained separately from your personnel records.

The ADA Coordinator may share information relating to your disability with individuals who are considered to have a legitimate need to know in order to adequately provide for reasonable accommodation(s). Such persons may include your supervisor(s), human resources personnel, first aid and safety personnel, personnel investigating compliance with the ADA, and other persons considered to have a legitimate need to know.

By submitting this request, you acknowledge that disability information may be shared with those who have a legitimate need to know.

FACULTY MEMBER INFORMATION

DATE	
NAME	
EMAIL	
PHONE	
DEPARTMENT	
POSITION / TITLE	
DEAN / CHAIR	
DEAN / CHAIR PHONE	
DIRECT REPORT	
DIRECT REPORT PHONE	

ACCOMMODATION REQUEST DETAILS

1. Please describe the disability for which you are requesting an accommodation.

2. Please describe in detail how your disability affects your ability to perform your faculty responsibilities.

3. Please describe the accommodation(s) you are requesting and how the accommodations will aid you in performing your duties.

STATEMENT OF UNDERSTANDING

1. I understand that the establishment of reasonable accommodations is an interactive process.
2. I understand the ADA Coordinator will request a detailed listing of my essential functions (from the Chair or Dean of my department or my Direct Report), in order to engage in that interactive process to help determine accommodations.
3. I understand this listing of essential functions will be shared with my health care provider.

Signature

Print Name

Date

RELEASE OF HEALTH CARE INFORMATION

I authorize my health care provider(s) to release information to speak with the University of Maryland College Park ADA Coordinator, upon request, and if necessary, about my disability as listed above for the purpose of determining appropriate and reasonable employment accommodation(s).

Signature

Print Name

Date

HEALTH CARE PROVIDER(S)

DOCTOR'S NAME	
PRACTICE NAME	
PHONE	
DOCTOR'S NAME	
PRACTICE NAME	
PHONE	

Please submit the completed form via email, in person, mail or by fax to:

Office of Faculty Affairs
1119 Main Administration Building
University of Maryland
College Park, MD 20742
Phone: 301-405-6803
Fax: 301-405-8195
Email: faculty@umd.edu