

Employee Request for ADA Accommodation/Modification

Office of Human Resources and Development (OHRD)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

Employees must use the electronic or PDF versions of this form when requesting an accommodation or modification under the *Americans with Disabilities Act Amendments Act of 2008*.

Employees must attach related medical documentation. The medical documentation only needs to include information related to your request for accommodations, MCPS does not need a full medical record or any information related to other medical conditions if they are not related to your accommodation request. All medical information is kept in a secure, confidential medical file and is not shared with your principal and/or supervisor and is not placed in your personnel file. If the disability is obvious or already known to MCPS, documentation is not necessary. This information should include:

- the nature, severity, and duration of the impairment, medical condition or disability
- the life function, activity or activities that the impairment, medical condition or disability limits (for example, breathing, walking, executive function, etc.)
- the extent to which the impairment, medical condition or disability limits your ability to perform the activity or activities on-site, and
- why the requested reasonable accommodation is needed.

Employees are highly encouraged to use the electronic version of this form found online: <http://www.montgomeryschoolsmd.org/departments/forms/detail.aspx?formNumber=270-6&catID=1&subCatId=19>. Forms can be emailed to ADArequests@mcpsmd.org.

Questions about ADA accommodations or modifications may be directed to the Department of Compliance and Investigations (DCI) 240-740-2888.

PART I: TO BE COMPLETED BY THE REQUESTER AND SUBMITTED TO DCI

Name: Last _____ First _____ MI _____

Employee ID _____ Preferred Phone _____-_____-_____ Work Location _____

Describe requested accommodation/modification

Provide the reason for the request (Attach related medical documentation.)

Requestor Signature _____ Date ____/____/____

PART II: COMPLETED BY DCI

Resolved

Not Resolved Explain

Referred to school/office

Signature _____ Title _____ Date ____/____/____