

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)

- 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.

Note: You can download these forms in the Attachment tab section of this page. [Email the JHRD 202 Medical Inquiry Form to ER@mdcourts.gov](mailto:ER@mdcourts.gov)

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 Employee Relations, at 410-260-1732 should you have any questions.