

Frederick County Public Schools Workplace Accommodation Request

Name: _____ Position: _____ Date: _____

As we begin the interactive process to review your request for an accommodation, please provide information as requested below. If you need assistance completing the form, you may contact our Benefits office at 301 644 – 5092 and assistance will be provided. During a phone or an in office meeting you will have the opportunity to expand upon or clarify your responses. Please know that all information will be treated as confidential and carefully considered under the Americans With Disabilities Act.

These questions are designed to identify how workplace accommodations might assist you in meeting the essential functions of your job.

1. What limitation is interfering with your ability to perform the essential functions of your job or access an employment benefit?

2. Have you had any accommodations in the past for this same limitation? No___ Yes___
If yes, what were they and how effective were they?

3. What, if any, job function or functions are you having difficulty performing?

4. What, if any, employment benefit are you having difficulty accessing? Example: participating in training or meeting opportunities.

5. What specific accommodation are you requesting that will allow you to meet the essential functions of your job?

6. If you are requesting a specific accommodation, how will that accommodation assist you?

7. Is your accommodation request time sensitive? No___ Yes___ (Explain below)

8. Please provide any additional information that might be useful in processing your accommodation request.
