



**Reasonable Accommodation Employer Review Request Form**  
**(For Employees and Applicants ONLY)**

**CONFIDENTIAL**

Request#:
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Employee/Applicant Name		Job Title/Position Applied to:
Daytime Phone Number	Request Date	Address
Please check one: <input type="checkbox"/> Employee <input type="checkbox"/> Applicant		
Describe your disability and functional limitations:		
Describe the reasonable accommodation being requested and the purpose for the request:		
List essential functions of the position and indicate whether you can perform the function with the requested accommodation (attach additional pages as needed):		
_____	Yes ___	No ___
_____	Yes ___	No ___
_____	Yes ___	No ___
_____	Yes ___	No ___
_____	Yes ___	No ___
Was medical documentation provided? Yes ___ No ___		
If yes, indicate by whom, and identify who reviewed the documentation.		
Accommodation request is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Modified		
If APPROVED, indicate the type of accommodation that will be provided. If MODIFIED, describe modification and provide reason.		

IF REQUEST WAS DENIED, check reasons for denying the accommodation request. You may check more than one reason.

- The individual did not provide documentation of a disability that substantially limits a major life function.
- The requested accommodation is ineffective (will not enable an individual to perform the essential functions of the position).
- The individual's disability/limitations do not prevent him/her from performing the essential functions of the position.
- The accommodation/modification request will:
  - create an undue administrative burden on the University
  - create an undue impact on the operations of the University
  - fundamentally alter the nature or operation of the facility
  - require lowering of current performance standard(s)
- An effective accommodation, that would not pose an undue hardship, was offered but rejected by the individual.

**Name of decision-maker:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Equity Compliance Officer/ADA Coordinator:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please forward to:**

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