



Human Resources

ADA Reasonable Accommodation Request Form

Date: _____

Employee's Name: _____

Phone: _____

Email: _____

Job title: _____

Department: _____

Supervisor's name: _____

This ADA Reasonable Accommodation Request Form is the initial step in processing your request for a reasonable accommodation under the University's Americans With Disabilities Act Policy. A copy of the University's Policy is available at the following link:

<https://marymount.edu/faculty-and-staff/human-resource-services/human-resources-policies/americans-with-disabilities-act-ada-policy/>.

Once Human Resources has received your completed form, we will provide you a letter for you to directly send to your health care provider. Specifically, the letter will request that your health care provider respond to certain questions to assist the University in determining what reasonable accommodations, if any, may enable you to perform the essential functions of your position successfully. Please have your health care provider completely answer the questions in the provided letter and return it directly to you. Once you have received a completed response from your health care provider, then submit it to Human Resources for review.

Please return this form as soon as possible to Hong via hr@marymount.edu or via facsimile at 703-284-3818, or both.

Below, you are requested to provide contact information for your health care provider and authorize Human Resources to contact your health care provider to obtain information regarding your disability if needed.

Provide the name, address, telephone and fax number of your health care provider.



Human Resources

RELEASE OF HEALTH CARE INFORMATION

By signing below, I hereby authorize my health care provider to release information to, and if necessary, speak with Marymount University's Office of Human Resources for the purpose of discussing my disability and determining appropriate and reasonable employment accommodations regarding my disability.

Employee signature: _____

Date: _____