



# Request for Reasonable Accommodation

**Directions:** *To be completed by the Employee/Applicant.*  
**Submit to:** AACPS, Division of Human Resources, 2644 Riva Road, Annapolis, MD 21401; fax: 443-458-6312

Employee/Applicant Name	Supervisor	Date of Request
Job Title	Office/Work Location	Work Phone

Reasonable accommodation is needed for: (check one)

- ☐ Application Process/New employee
- ☐ Performing job functions or accessing the work environment
- ☐ Accessing a benefit or privilege of employment (ex. attending a training program or special event)

Describe your limitation(s) and how it affects your ability to do your job.

What is your requested accommodation? Be as specific as possible.

How will the requested accommodation enable you to perform the essential functions of your job?

Signature of Applicant/Employee

Date