



Request for Reasonable Accommodation

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

Employee/Applicant Name		Date of Request
Job Title	Office/Work Location	Work Phone
Reasonable accommodation is needed for: (check one) <input type="checkbox"/> Application Process <input type="checkbox"/> Performing job functions or accessing the work environment <input type="checkbox"/> 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