

**University of Baltimore**

**II-7.2 Reasonable Accommodations Policy for Employees**

Approved: August 1, 2019

**I. Policy Statement**

The University of Baltimore (“University”) is committed to complying with all federal and state laws concerning the employment of persons with disabilities. Furthermore, it is the policy of the University not to discriminate against qualified individuals with disabilities with regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. The University will provide reasonable accommodation(s) to otherwise qualified applicants and employees as required by law to ensure equal access to University employment and benefits, to the extent such accommodation(s) do not impose an undue hardship on the University. Retaliation against an employee or applicant who requests an accommodation is prohibited.

**II. Confidentiality**

All documents regarding an employee’s reasonable accommodation requests shall be maintained in a separate confidential file from the employee’s official personnel file, in accordance with applicable confidentiality laws and regulations.

**Requesting for reasonable accommodation**

Requests for reasonable accommodations are reviewed and managed by the Office of Human Resources. Supervisors should refer employees who indicate the need for an accommodation to the Office of Human Resources. Any medical information collected is maintained in accordance with applicable confidentiality laws and regulations.

## University of Baltimore Office of Human Resources

### REQUEST FOR ADA REASONABLE ACCOMMODATION FORM - EMPLOYEE

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIVISION/SCHOOL: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR'S TITLE: \_\_\_\_\_

Please describe in detail how your disability affects your ability to perform your job functions or to access an employment benefit?

What specific accommodation(s) are you requesting?

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE:** Submit the completed Request for ADA Reasonable Accommodation Form with a completed Request for Reasonable Accommodation Medical Inquiry Form to the Office of Human Resources for review. Please provide a position description or other documentation outlining job functions to the medical/healthcare practitioner to inform their responses, and include in the returned forms packet. Additional documentation may be requested as part of the interactive process.

\* The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**University of Baltimore Office of Human Resources**

**REQUEST FOR ADA REASONABLE ACCOMMODATION MEDICAL INQUIRY FORM  
(Completed by Medical Provider/Physician)**

For reasonable accommodation under the ADA, an employee has a disability if they have an impairment that substantially limits one or more major life activities, or has a record of such impairment. The following questions may help determine whether an employee has an ADA qualifying disability and must be completed by a medical/healthcare practitioner. To avoid delays, please review description of job functions and write legibly.

Employee/Patient Name:

Does the employee have a physical or mental impairment? Yes  No

If yes, what is the impairment or the nature of the impairment?

What is the anticipated duration of the impairment?

Answer the following question based on what limitations the employee has when their condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity as compared to most people in the general population?

Yes

No

OR

Describe the employee's limitations when the impairment is active.

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

An employee with a disability is entitled to a reasonable accommodation only when that accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is/are interfering with performance of job functions or accessing a benefit of employment? Please identify each such limitation and the suggested duration.

What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

The following questions may help determine potential effective accommodations for the employee:

Do you have any suggestions regarding possible accommodations that would permit the employee to perform the essential functions of his/her job? If so, what are they and what are their durations?

Does the employee require leave from work or a reduced schedule? If so, please describe the additional leave/modified schedule needed and the expected duration.

Please provide any additional information that you believe will help the University in determining, through an interactive process with the employee, whether an accommodation can be provided to assist employee in performing their essential job functions.

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Print Medical/Healthcare Professional's Name \_\_\_\_\_

Medical/Healthcare Professional's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Healthcare Facility Name: \_\_\_\_\_