



Johns Hopkins Health System Corporation
The Johns Hopkins Hospital

Request for Reasonable Accommodation

Person Requesting Accommodation

Please circle status: Applicant New Hire Employee Intrastaff Temporary/Agency

Name _____ Title _____

Department _____ Telephone # _____

E-Mail _____ Supervisor _____

Supervisor E-Mail _____

Person Completing Form (If different from above)

Name _____ Telephone # _____

Department _____ Title _____

Relationship to Person Requesting Accommodation _____

Accommodation Request (Please use additional page if needed)

How is your disability affecting the hiring process, your job functions, or benefits/privileges?

Description of Accommodation Requested

(Please Note: If you are eligible for FMLA or a Leave of Absence, please contact the Benefits Department and apply)

- E-Mail or fax this form to your HR representative.**
- Provide Occupational Health Services (OHS) documentation from your provider to support your request.**
Please schedule an appointment with OHS to review documentation. Phone – 410-955-6211

Signature of Person Requesting Accommodation

Date

Signature of Person Completing Form (If different from above)

Date

Employer's Use Only		
Dept. Submitted To: _____	Date Received: _____	Initials of Recipient _____
Date Received in HR: _____	Initials of Recipient in HR: _____	