



Request for Medical Workplace Accommodation

A reasonable medical workplace accommodation is any modification or adjustment to a job's customary tasks or responsibilities to enable a qualified employee with a "disability" to perform essential job functions without undue hardship on the conduct of Johns Hopkins Health System Corporation/The Johns Hopkins Hospital's (JHHSC/JHH) business or operation. Reasonable medical workplace accommodation also includes adjustments to assure that a qualified individual with a disability has employment rights and privileges equal to those of employees without disabilities. To consider your request for a medical workplace accommodation, please provide the following required information:

Part 1 – To Be Completed by Employee (additional sheets may be used, if necessary)

Name: _____ **Date of Request:** _____

Department: _____ **Immediate Supervisor:** _____

Reason for Request (i.e., Job Change, Work Schedule Modification, Special Equipment, etc.):

Suggested reasonable accommodation to meet your requirements or limitations: _____

Is this a temporary or permanent accommodation (circle one)? **TEMPORARY** **PERMANENT**

Length of Time: _____

If you have requested this medical accommodation before, please state approximately when the prior request was made, the name of the individual who responded and the outcome of the request:

Medical Documentation

In some cases, JHHSC/JHH will need to obtain documentation or other authority regarding your request. We may need to discuss the nature of your request(s) and accommodation with your treating physician (if applicable) to address your request for an accommodation.

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your medical request or limitation?

Yes _____ No _____

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____ Date: _____

Print Name: _____

Summary of Next Steps

- 1. This request will be reviewed with you and acknowledged by your supervisor.**
- 2. Your supervisor will then submit your request to the appropriate Human Resources representative for consideration.**
- 3. You will be notified of the decision and/or the proposed accommodation.**
- 4. If you disagree with the decision or proposed accommodation, please contact the Department of Human Resources, Office of Equal Employment Opportunity for assistance at 410-955-3516.**

Part 2 – To be completed by immediate supervisor (and additional managers, if applicable)

Interactive Discussion Date: _____

Employee's Suggested Accommodation: _____

Results of Interactive Discussion: _____

Evaluation of Impact (if any): _____

Accepted: _____ Not Accepted: _____

If Not Accepted, Why?: _____

Alternative Accommodations (list in order of preference):

1. _____

2. _____

3. _____

Effective Date of Accommodation: _____

Duration Period of Accommodation: _____

Document reason denying request for a reasonable accommodation: _____

Immediate Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

HR, EEO Officer or Designee: _____ Date: _____

CC: Employee

Department of Human Resources, Office of Equal Employment Opportunity – Phipps 481