

# BALTIMORE CITY PUBLIC SCHOOLS

**Brandon M. Scott**  
Mayor, City of Baltimore

**Johnette Richardson**  
Chair, Baltimore City Board  
of School Commissioners

**Dr. Sonja Brookins Santelises**  
Chief Executive Officer

## INSTRUCTIONS FOR REQUESTING AN ACCOMMODATION UNDER THE AMERICANS WITH DISABILITY ACT

If you have a physical or mental disability that requires modifications or adjustments to your work environment, or to the manner or circumstances under which your job is customarily performed, you have the right to request reasonable accommodations that would enable you to perform the essential functions of your job. This will be an interactive process to explore the most reasonable way to accommodate your needs.

After you file the request, several steps will be taken:

- The Equal Educational/Employment Opportunity & Title IX Compliance Unit (EEO Unit) will acknowledge receipt of your request within five (5) business days, and may request more information, including documentation from your medical provider.
- The EEO Unit will review your request using guidance from the Equal Employment Opportunity Commission (EEOC). This includes an evaluation of whether your request would pose an undue hardship for City Schools.
- The EEO Unit will issue a determination letter.
- If you disagree with the outcome, you can email Jane Ehrenfeld, Director of Fair Practices & Compliance, at [jehrenfeld@bcps.k12.md.us](mailto:jehrenfeld@bcps.k12.md.us), and request a final determination. The final determination letter will contain your appeal rights under Board Policy BLA.

During the pendency of this process, you are required to keep the EEO Unit informed of any changes in your status. Such changes in status include: school or department reassignment, changes in contact information, leave status, or a change in your medical condition.

Today's Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Employee's Date of Birth: \_\_\_\_\_

Employee's Home or Personal Telephone Number: \_\_\_\_\_

Employee's Personal Email Address: \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_

\_\_\_\_\_

Employee's Position: \_\_\_\_\_

Employee's Current School/Office: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Immediate Supervisor's Title: \_\_\_\_\_

Immediate Supervisor's Phone Number: \_\_\_\_\_

Please answer the following questions as fully as possible. If you need more space please write your answers on a separate sheet of paper.

1. Please identify your medical condition(s)/impairment(s) for which you are seeking an accommodation:

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Under the ADA, to be eligible for an accommodation your medical condition(s)/impairment(s) must substantially limit one or more major life activities, including, but not limited to, walking, breathing, speaking, seeing, hearing, sitting standing, lifting, etc.

2. How does your medical condition(s) or impairment(s) limit any major life activity?

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3. Please state how long your medical condition(s)/impairment(s) is expected to last:

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4. What specific job duties are affected by your medical condition(s)/impairment(s)?

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5. What types of accommodations do you believe would enable you to perform the essential functions of your job?

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6. Have you previously requested Reasonable Accommodations? Yes \_\_\_ No \_\_\_

7. If you responded “yes” to Question 6, please state whether you were granted accommodations and, if so, what the accommodations were and the date they were granted:

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8. If you responded “yes” to Question 6, has your condition changed since you previously made the request for accommodations? Yes \_\_\_ No \_\_\_

9. If you responded “yes” to Question 8, please state how your condition has changed:

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If you have any additional attached pages, please sign and date them. The number of supplemental pages attached to this form is \_\_\_\_ (If there are no attached supplemental pages please write “0”).

The foregoing request contains all of the relevant information that is accurate, factual and complete. Any incomplete, misleading or false information submitted as a part of this request may be cause for denial of a request for an accommodation.

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Employee Signature

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Date

Please return this form and any supplemental pages to:

The Equal Educational/Employment Opportunity and Title IX Compliance Unit

Attn: EEO Manager

200 E. North Avenue, Room 208

[EEO-TitleIXCompliance@bcps.k12.md.us](mailto:EEO-TitleIXCompliance@bcps.k12.md.us)

Please note that in order to process your request for accommodations, EEO and Title IX Compliance may need to obtain medical information from your physician(s). If such information is requested, you will be asked to submit a medical release form, and send a medical information form to your physician. Please understand that failure to provide such authorization to the EEO Unit upon request may result in a denial of your request for a reasonable accommodation.