



Participating Organization
 The Johns Hopkins Health System Corporation
 The Johns Hopkins Hospital
 Johns Hopkins All Children's Hospital
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 Johns Hopkins Bayview Medical Center Inc.
 Johns Hopkins Community Physicians
 Johns Hopkins Regional Physicians
 Johns Hopkins Home Care Group

Johns Hopkins HealthCare LLC
 Johns Hopkins Medicine International .
 Johns Hopkins Medical Management, Corp.
 Howard County General Hospital
 HCGH OB/GYN Associates
 Ophthalmology Associates
 Sibley Memorial Hospital
 Suburban Outpatient Surgery Center
 Suburban Hospital

REQUEST FOR REASONABLE ACCOMMODATION

Participating Organization within Johns Hopkins Health System

(please choose one by clicking the down arrow): **Affiliate:** _____ **Other:** _____

Applicant: HR **New Hire:** Occupational Health or other office serving an equivalent function **Current Employee or Temporary:** Occupational Health or other office serving an equivalent function

Instructions: Please use this form to request a reasonable accommodation. Submit the completed form to the appropriate department listed in the gray box above. That department will send a copy of the form to Human Resources. Human Resources will contact you to schedule a meeting to discuss the request. Occupational Health Services or other office serving an equivalent function may request medical documentation.

Person Requesting Accommodation

Please Check Status: Applicant New Hire Employee Temporary

Name: _____ **Title:** _____

Department: _____ **Telephone #:** _____

Person Completing Form (If different from above.)

Name: _____ **Telephone #:** _____

Relationship to Person Requesting Accommodation: _____

Department: _____ **Title:** _____

Request for Accommodation (PLEASE DO NOT INCLUDE MEDICAL INFORMATION ON THIS FORM)

Description of Hiring Process, Job Functions, or Benefits/Privileges Affected by the Disability

Description of Accommodation Requested (If you are requesting leave, please provide start and end dates.)

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: _____