



## REASONABLE ACCOMMODATION REQUEST FORM

This form is to be completed by the employee		
Employee Name	Date of Request	
Job Title	Department	
Questions to clarify accommodation requested		
1. What specific accommodation are you requesting?		
2. Does your request include accommodations for parking and/or transportation on Lehigh's campuses?	Yes	No
<b>If yes, please also complete the "Alternate Parking/Transportation Request Form."</b>		
3. If unsure about the required accommodation, do you have any suggestions for options to explore?	Yes	No
If yes, please explain.		
4. Is your accommodation request time sensitive?	Yes	No
If yes, please explain.		
Questions to document the reason for accommodation request		
5. What, if any, job function are you having difficulty performing?		
6. What, if any, employment benefit are you having difficulty accessing?		
7. What limitation is interfering with your ability to perform your job or access an employment benefit?		
8. Have you had any accommodations in the past for this same limitation?	Yes	No
If yes, what were they and how effective were they?		
9. If you are requesting a specific accommodation, how will it assist you?		

**Signature**

By signing this form, I certify that the information provided in this form is true, complete, and accurate. I acknowledge that I am requesting a reasonable accommodation under the Americans with Disabilities Act. I agree to cooperate fully with the Office of Human Resources (staff) or the Office of the Provost (faculty) in responding to my request, including providing the appropriate medical documentation from my health care provider(s). I agree that I will provide the requested medical documentation in a timely manner. I understand that while the University may not grant the specific accommodation that I have requested, it will engage in good faith efforts to make a determination. I also understand that, in some cases, discussion(s) with my physician may be necessary to address my request for accommodation. In addition, if deemed necessary, the University may request an independent medical evaluation of the case.

Employee Signature

Date

**Please return this form along with any other additional information that might be useful in processing this accommodation to the appropriate office:**

**If an employee is a staff member:**

**Office of Human Resources  
Attn: Linda Lefever  
306 S. New Street, Suite 437  
Bethlehem, PA 18015  
Tel: (610) 758-3900  
Fax: (610) 758-6226  
Email: [lip3@lehigh.edu](mailto:lip3@lehigh.edu)**

**If an employee is a faculty member:**

**Office of the Provost  
Attn: Patricia Mann  
Alumni Memorial Building  
27 Memorial Drive W  
Bethlehem, PA 18015  
Tel: (610) 758-3605  
Fax: (610) 758-3154  
Email: [pam8@lehigh.edu](mailto:pam8@lehigh.edu)**