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| **download** | **REASONABLE ACCOMMODATION**  **REQUEST FORM** |

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| **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? | | | |
| 1. Does your request include accommodations for parking and/or transportation on Lehigh’s campuses? | | Yes | No |
| **If yes, please also complete the “Alternate Parking/Transportation Request Form.”** | | | |
| 1. If unsure about the required accommodation, do you have any suggestions for options to explore? | | Yes | No |
| If yes, please explain. | | | |
| 1. Is your accommodation request time sensitive? | | Yes | No |
| If yes, please explain. | | | |
| **Questions to document the reason for accommodation request** | | | |
| 1. What, if any, job function are you having difficulty performing? | | | |
| 1. What, if any, employment benefit are you having difficulty accessing? | | | |
| 1. What limitation is interfering with your ability to perform your job or access an employment benefit? | | | |
| 1. Have you had any accommodations in the past for this same limitation? | | Yes | No |
| If yes, what were they and how effective were they? | | | |
| 1. If you are requesting a specific accommodation, how will it assist you? | | | |

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| **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: Judy Zavalydriga**  **306 S. New Street, Suite 437**  **Bethlehem, PA 18015**  **Tel: (610) 758-3900**  **Fax: (610) 758-6226**  **Email:** [**jaz308@lehigh.edu**](mailto:jaz308@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) | |