

**LAMAR STATE COLLEGE – PORT ARTHUR
REASONABLE ACCOMMODATION REQUEST FORM**

Name of Employee/Applicant Requesting Accommodation: _____

Date of Request: _____

I wish to request Reasonable Accommodation for the following disability: _____ as defined by the Americans with Disabilities Act, 1990. I understand Lamar State College - Port Arthur may require a confirming examination or a doctor's letter before my request is considered.

Suggestions for Reasonable Accommodation:

Examination or Doctors Letter Requested Yes No

Document Received: Yes No

The following actions were taken on _____ (Date):

____ Approved with the following steps taken to implement reasonable accommodation: _____

Signature of Employee/Applicant

____ Disapproved based on undue hardship for the following reasons: _____

Signature of the President

Signature of VP for Finance

____ Disapproved based on lack of eligibility under the ADA _____

Signature of Director of Human Resources

____ Disapproved based on lack of "reasonable" suggestions (Note any alternatives suggested): _____

Signature of Supervisor