

Lamar State College - Port Arthur
Reasonable Accommodation Request Form

Employee Name: _____ **Job Title:** _____

Department: _____ **Employee ID:** _____

I wish to request Reasonable Accommodation for the following **impairment** or **disability** as defined by the Americans with Disabilities Act, 1990. Please state impairment or disability:

What specific accommodation(s) are you requesting? Please explain how the accommodation(s) will assist you to perform your job?

I understand that Lamar State College - Port Arthur may require a confirming examination or a doctor's letter before my request is consider.

Examination or Doctor's Letter Requested: YES NO
Document Received: YES NO

Signature of Requesting Employee

Date

- YES Approve Accommodation Request
 NO Disapprove Accommodation Request based on undue hardship for the reason:

Manager's/Chair's Signature

Date

- YES Approve Accommodation Request
 NO Disapprove Accommodation Request based on undue hardship for the reason:

Vice President's Signature

Date

- YES Approve Accommodation Request
- NO Disapprove Accommodation Request based on undue hardship for the reason:

President's Signature

Date

- YES Approve Accommodation Request
- NO Disapprove Accommodation Request based on undue hardship for the reason:

Director of Human Resources' Signature

Date

The following actions were taken on _____ (Date). Approved with the following steps taken to implement reasonable accommodation:

If not approved, based on lack of "reasonable" suggestion. Please note any alternatives suggestions:

Employee notified on: _____ (Date).