

**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 Doctor's Letter Requested:

Yes

No

Document Received:

Yes No

The following actions were taken on _____(Date):

_____ Disapproved based on undue hardship for the following reasons:

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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):

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Signature of Supervisor

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

-
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Signature of Employee/Applicant