



ALTERNATE PARKING/TRANSPORTATION REQUEST FORM

This form is to be completed by the employee			
Employee Name	Date of Request		
Job Title	Department		
Office Location	Manager/Supervisor		
Questions to clarify request for alternate parking arrangements			
1. Where do you currently park on campus? (if applicable)			
2. Where are you requesting to park? (if applicable)			
3. Are you requesting a temporary or permanent parking change?	Temporary	Permanent	
If temporary, please indicate the anticipated start and end dates.			
4. Do you have a state-issued disability parking permit?	Yes	No	
Questions to clarify request for alternate transportation arrangements			
5. Do you require assistance traveling from your vehicle to your place of work?	Yes	No	
If yes, please explain:			
6. Do you require assistance traveling from your place of work to other places on campus?	Yes	No	
If yes, please explain:			
7. Can you wait for a bus at a bus stop, parking garage, etc.?	Yes	No	
If no, please explain:			
8. Can you ride a bus?	Yes	No	
If no, please explain:			
Additional questions relating to request			
9. Are you able to walk?	Yes	No	
If yes, what is the maximum distance you can reasonably be expected to walk?			

10. Do you use a wheelchair or scooter?	Yes	No
11. Can you climb stairs?	Yes	No
If no, please explain:		
Questions to document the reason for accommodation request		
12. Briefly describe your functional limitations (i.e., how your condition impacts your need for alternate parking and/or transportation arrangements):		
13. What, if any, employment benefit are you having difficulty accessing?		
14. What limitation is interfering with your ability to perform your job or access an employment benefit?		
15. Have you had any accommodations in the past for this same limitation?	Yes	No
If yes, what were they and how effective were they?		
16. If you are requesting a specific alternative arrangement, how will it assist you?		
Signature		
<p>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. 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.</p>		
Employee Signature	Date	
<p>Please return this form along with any other additional information that might be useful in processing this request to the appropriate office:</p> <p>If an employee is a staff member:</p> <p>Office of Human Resources Attn: Judy Zavalydriga 306 S. New Street, Suite 437 Bethlehem, PA 18015</p>		

Tel: (610) 758-3900
Fax: (610) 758-6226
Email: 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