## ALTERNATE PARKING/TRANSPORTATION REQUEST FORM

This form is to be completed by the employee

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date of Request</th>
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<tr>
<th>Job Title</th>
<th>Department</th>
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<tr>
<th>Office Location</th>
<th>Manager/Supervisor</th>
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### 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

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 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.

Employee Signature  
Date

Please return this form along with any other additional information that might be useful in processing this request 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

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