



INDIANA HARBOR BELT RAILROAD COMPANY
2721 – 161ST STREET, HAMMOND, IN 46323-1099

Accommodation Request Form

Employee Name and IHB ID#: _____

Job Title and Department: _____

Requested/Suggested Accommodation: (Please describe the accommodation(s) you believe is/are needed to enable you to perform the essential functions of your job)

Reason for Accommodation: (Please identify your condition and the functional limitation(s) for which you seek an accommodation)

Condition: _____

Functional limitation(s): _____

Employee Signature: _____ Date _____

(Once completed, submit this form to the Manager HR/LR via fax @ 219-989-4967 or contact us at 219-989-4850 to obtain an email address.)

Received by (Printed name): _____

Received by (Signature): _____ Date _____