



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

Medical Accommodation Request Form

Employee Name: _____ IHB ID# _____

Department: _____ Job Title: _____

Email address: _____ Phone # _____

1. Please identify the IHB's job requirement, policy, or practice for which you are requesting a medical accommodation:

2. Please explain your medical condition and the functional limitations(s) preventing you from performing or adhering to the IHB's job requirement, policy, or practice as listed above:

3. Please describe the accommodation or modification that you are requesting to enable you to perform the essential functions of your job along with the dates and/or length of time it is needed:

(continued on page 2)



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4. Please list any alternative accommodations or modifications that might also enable you to perform the essential functions of your job:

I understand that the IHB will review my request and although my request may be denied, the IHB will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that the IHB may request additional information or supporting documentation regarding my request. I understand that if approved, my accommodation may be reconsidered at any time should circumstances change. I understand that refusal to engage in the interactive process and provide additional information if needed, may result in the denial of my request.

Employee Signature: _____ Date _____

Once completed, submit this form to the Human Resources Department via fax @ 219-989-4967 or via email at HR@ihbrr.com. Upon receipt of your request, The Human Resources Department will contact you at the phone number or email address provided on this form within a reasonable amount of time, to notify you of the status of your request. You may contact us for a status update or to confirm receipt of your request by calling 219-989-4923 or via email at HR@ihbrr.com.

Received by (Printed name): _____

Received by (Signature): _____ Date _____