REQUEST FOR BUS ACCOMMODATION

NAME ___________________________ EN# ___________________________

ROUTE# __________ CURRENT BUS # __________ PHONE # ___________

REASON FOR REQUESTING BUS ACCOMMODATION:*

➢ If medical, submit to Personnel Unit this request and the Physician Certification for Reasonable Accommodation form. Form available on Transportation Services Division website https://achieve.lausd.net/Page/1806 under “Miscellaneous.”

➢ If ergonomic, check the issue(s) that applies, and submit this request form to Personnel Unit:

☐ Height (e.g. need more leg space, unable to reach pedal)

☐ Size/Weight (e.g. need more driver space)

☐ Other. Indicate the issue(s) in detail below:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________ 

SIGNATURE ___________________________ DATE ___________________________

TSD - Personnel Unit
115 N. Beaudry Ave
Los Angeles, CA  90012
Tel: (213) 580-2970
Fax: (213) 580-4425
tsdpersonnel@lausd.net

*Accommodation based on availability of bus and reasonable need