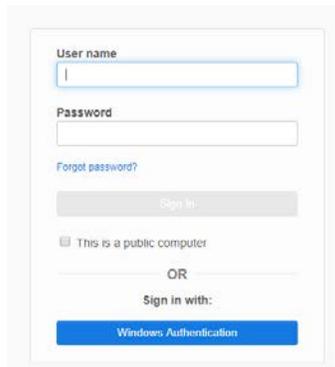




Before you begin the process, please make sure you have the completed Health Care Provider Verification Form ready to upload to your request.

Click [HERE](#) to access the Health Care Provider Verification Form.

1. Log into Laserfiche using your full district email address and your password that you use to log on to the computer.

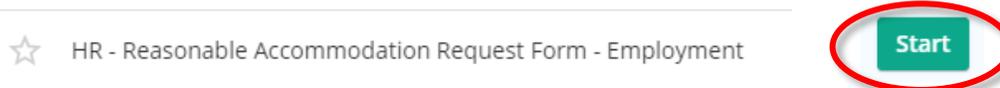


The screenshot shows the Laserfiche login interface. It includes a 'User name' field with a cursor, a 'Password' field, a 'Forgot password?' link, a 'Sign In' button, a checkbox for 'This is a public computer', an 'OR' separator, and a 'Sign in with: Windows Authentication' button.

2. After you have logged into Laserfiche, click “**Start Process**” at the top.



3. Click “**Start**” next to the “**HR – Reasonable Accommodation Request Form**”



4. Upload your required Health Care Provider Verification Form

5. Enter your Employee ID.

- Your First Name, Middle Name and Last Name, Email Address, Assignment, and phone number will automatically be added to the form.

Employee ID: *

6. Enter your home address.

Address:*

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

7. Answer questions 1-4.

8. You will then sign your FULL name and submit the form.

Employee Signature:*

Please type your FULL LEGAL NAME below.

Today's Date:

Date captured on form submission

Submit

9. You will be contacted to set up an appointment with an HR Administrator once your form has been reviewed.