



Reasonable Accommodation Request Form

Request for Reasonable Accommodation (Applicants)

This document contains personal information and pursuant to Civil Code 1798.21 shall be kept confidential in order to protect against unauthorized disclosure.

The information requested below is confidential and will only be used to determine the specific equipment and/or services necessary to accommodate you during the job application or interview process due to a disability or a medical condition. You or your representative should provide the following: **(Do Not Provide Any Medical Diagnoses)**

Name	Phone Number/Email
Job Control #	
Job Classification	
1. I have a disability or medical condition that requires reasonable accommodation:	
Yes <input type="radio"/> No <input type="radio"/>	
2. Describe the accommodation you are requesting:	

Applicant's Signature

Date