REQUEST FOR REASONABLE ACCOMMODATION IN EMPLOYMENT EXAMINATION PROCESS FORM

Request and documentation must be received by City of Santa Rosa Human Resources within five (5) business days of being noticed that an event requiring accommodation is occurring, e.g., invitation to written exam/oral interview. You must request special accommodations for each recruitment process, even if none of the information has changed since the last request. Along with this form, you must include reasonable documentation to verify the disability and the need for accommodation. This form is used only in the administration of the City's program for providing accommodations in the applicant testing process. Job accommodations, if needed, may be different and should be discussed at the time of job offer.

California Fair Employment and Housing Act (FEHA) defines a disability as a medical condition, physical or mental impairment that limits a major life activity.

Documentation requirements:

1. Must be submitted on official letterhead and signed by a licensed professional qualified to make an evaluation.
2. Should establish the existence of a "disability" within the meaning of applicable law and should describe how the resulting functional limitations impact your ability to take the examination.
3. Should indicate the need for an accommodation and specifically identify the accommodation(s) that are believed to be appropriate.

Please type or print.

1. Name: _____
   Last First MI
2. Contact Phone: _____ Email: _____
3. Position applied for: _____
4. Exam date you are requesting accommodations for: _____
5. Date you received notice that an event requiring accommodation will be occurring: _____
6. Exam type: ☐ Written ☐ Oral ☐ Performance ☐ Other_____
7. Have you taken this exam before at the City of Santa Rosa? ☐ Yes ☐ No
   If yes, did you receive an accommodation for the exam? ☐ Yes ☐ No
8. Based on your understanding of the examination process, what reasonable accommodation(s) are you requesting that would enable you to complete the process? Accommodation(s) must be specific, supported by documentation and appropriate to the disability. Please check all that apply.
   ☐ Separate Test Room ☐ Reader
   ☐ Proctor Assistance (recorder of answers) ☐ Sign Language Interpreter (for spoken instructions only)
   ☐ Additional Testing Time (please specific): _____
   ☐ Other (please specify): _____

Authorization & Release:

I understand this form will initiate an interactive process with the City of Santa Rosa to determine what accommodations are reasonable and necessary during the examination process and does not guarantee I will receive the accommodation(s) I have requested. I understand that failure to timely submit this request and documentation may result in the City being unable to provide the requested accommodation(s).

Signature: _____ Date: _____

Your completed request form and documentation must be mailed or submitted to: City of Santa Rosa Human Resources, 100 Santa Rosa Ave, Room 1, Santa Rosa CA 95404. If you have questions, please contact our office at (707) 543-3060.