



Edwin M. Lee
Mayor

Micki Callahan
Human Resources Director

REQUEST FOR REASONABLE ACCOMMODATION FORM

Selection procedures administered by the City and County of San Francisco's Department of Human Resources may require candidates to do one or more of the following:

- ✓ Access test centers and sit at desks, in chairs, etc. for long periods of time
- ✓ Read examination material & fill in circles on a bubble sheet (e.g., multiple-choice examination)
- ✓ Write answers in narrative form using a pen or pencil (e.g., essay examination)
- ✓ Speak before a panel of raters or assessors (e.g., oral examination)
- ✓ Perform physical activities (e.g., physical ability tests)
- ✓ Listen to instructions or audio relating to test content or administration
- ✓ Watch a video relating to test content or administration
- ✓ Read and answer examinations questions on a computer

This SECTION is to be COMPLETED by the APPLICANT

If you are disabled (has a physical/mental impairment that limits a major life activity) as defined by the California Fair Employment and Housing Act and/or Americans with Disabilities Act and wish to request a reasonable accommodation for a particular examination due to your disability, please complete the following:

Applicant Name (PRINT): _____

Applicant Signature: _____ Date _____

Recruitment ID # _____ Title of Examination _____

The following are types of test accommodations(s) that may be possible. Please check below the accommodation(s) that you are requesting:

Visual /Learning

- Marker (someone to mark answers)
- Reader
- Separate Room
- Extra Time

Hearing

- Interpreter
- Separate Room

Mobility

- Testing room as close as possible to entrance or restroom
- Personal attendant (to be provided by candidate)
- Accessible test area for persons who use a wheelchair
- Special seating
- Marker (someone to mark answers)

Please describe below other accommodations requested:

After the front and back sections of this form are completed (the back section does not need to be completed if your disability is obvious), the applicant should return the form to the personnel analyst who is identified in the recruitment for the above classification (i.e., look for the analyst listed in the online announcement under the particular Recruitment ID #).

Note: All information provided will be kept **CONFIDENTIAL**. If you later need an accommodation to perform essential job functions upon hire, you must submit a separate request to the employing department.



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SPECIAL ACCOMMODATIONS REQUEST FORM

[Note: If your disability is obvious, it is **NOT** necessary for you to have this side of this form completed.]

This SECTION is to be COMPLETED by a MEDICAL DOCTOR, SCHOOL PSYCHOLOGIST, LEARNING CONSULTANT, etc. as appropriate.

Examinations for employment with the City and County of San Francisco are administered on the basis of fairness, merit and equal opportunity. They are often highly competitive and candidates are ranked on hiring rosters or eligibility lists based on their total test score. The applicant who has signed the other side of this form has filed for such a civil service examination and has indicated that s/he needs reasonable accommodation in the examination/selection process. Whenever possible, reasonable testing accommodations that can be supported are provided to job applicants with disabilities.

Please review the applicant's medical or educational history (as appropriate). If you support the applicant's request for the reasonable accommodation(s), please complete the information requested below and return the form to the applicant.

Print Candidate Name: _____

I certify that the above-named individual is disabled as defined by the California Fair Employment and Housing Act and/or Americans with Disabilities Act. Consequently, I recommend that the following Special Accommodation(s) be provided to this individual during the examination process:

Print (as appropriate) the name of the medical doctor, school psychologist, or learning consultant.

Signature (as appropriate) of the name of the medical doctor, school psychologist, or learning consultant.

(Street Address)

Certificate or License No. and State - (if applicable)

(City) (State) (Zip)

(Phone Number)

(Date Signed)

Note: All information provided will be kept **CONFIDENTIAL**. If you later need an accommodation to perform essential job functions upon hire, you must submit a separate request to the employing department.