



Request for Reasonable Accommodation in Employment Examination Process

Request and documentation must be received by Yuba County Human Resources by the **final filing date** of the recruitment for which you are applying. You must request special accommodations for each examination administration cycle, even if none of the information has changed since the last request. Along with the questionnaire, you must include supporting documentation verifying your disability. This form is used only in the administration of the County's program for providing accommodations in the 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 physical or mental impairment that affects one or more of the basic bodily systems AND the condition must limit ability to participate in one or more major life activities.”

Documentation requirements:

1. Must be submitted on official letterhead and signed by a licensed professional qualified to make an evaluation;
2. Should include a history of previous accommodation(s);
3. Should establish the existence of a “disability” within the meaning of applicable law;
4. Should describe how the resulting functional limitations impact the individual's ability to take the examination;
5. Should demonstrate the need for an accommodation;
6. Should specifically identify the accommodation(s) that are believed to be appropriate.

Please type or print.

1. Name: _____
Last First MI
2. Position applied for: _____
3. Exam date you are requesting accommodations for: _____
4. Which specific exam are you seeking accommodations for: _____
5. Have you taken this exam before? Yes No
If yes, did you receive special accommodations for the exam? Yes No
6. Nature of disability (check those applicable): Physical disability Mental disability
7. 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.
 Additional testing time (please specify): _____
 Separate test room
 Proctor Assistance (recorder of answers)
 Sign Language Interpreter (for spoken directions only)
 Reader
 Other (please specify): _____

8. Authorization & Release:

I understand this form will initiate an interactive process with Yuba County 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 this document will be kept in a confidential medical file. I understand that failure to submit this request and authorization by the **FINAL FILING DEADLINE** may result in the County being unable to provide the requested accommodation(s).

Signature: _____

Date: _____

Your completed request form and documentation must be mailed or submitted to: Yuba County Human Resources, 915 8th St. Suite 113, Marysville, CA 95901. If you have questions please contact our office at (530) 749-7860.