 **Request for Reasonable Accommodation**

**Sacramento County Employment Examination**

In accordance with the Americans with Disabilities Act (ADA), the County of Sacramento provides reasonable accommodations for applicants with disabilities during employment examinations. If the Job Announcement for the position you are applying for states “Formula Rate,” you will have already completed the Examination if you completed the Supplemental Questionnaire when you submitted your application.

If the Job Announcement indicates a Written, Performance or Oral Exam, and you need a Reasonable Accommodation to participate in that Examination, please submit this completed request form, along with relevant documentation, to the Disability Compliance Office (DCO) by no later than the Examination’s final filing date (shown on the job announcement).

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examination Title (Job Class) you are applying for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Filing Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: Requests submitted after the final filing date may result in the County being unable to provide the requested accommodation for this examination.)

**Type of Accommodation Requested**: (Please be specific)

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**Documentation** (Required: Medical Note, Disability Evaluation, etc.)

**\_\_\_Attached**  **\_\_\_On file with DCO**

I authorize the County of Sacramento to disclose my relevant medical restrictions/limitations as necessary to provide effective reasonable accommodation. I understand that these documents will be kept in a confidential medical file, separate from personnel files. I understand that failure to submit a request for accommodation and valid supporting documentation by the final filing date may result in the County being unable to provide the requested accommodation for this examination.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacramento County Disability Compliance Office**

**9310 Tech Center Drive Sacramento CA 95826**

**(916) 874-7642 (voice) CA Relay Service 711**

**FAX: (916) 874-7132 EMAIL: dco@saccounty.gov**