



Online Assessments: Reasonable Accommodation Request Form

Please try to complete and upload by the closing date of the Job Opportunity Announcement

Full Name: _____ **Date:** _____
Last First Middle Initial

Mailing Address:

Street City State Zip Code

Email Address: _____

Phone: _____
Day Evening Cell

Claimed disability:

How it affects my major life activity:

Accommodation requested: *(describe the specific assessment accommodation that you are requesting)*

Documentation: You must provide documentation from an appropriate professional such as a doctor, rehabilitation counselor, or vocational counselor, concerning your asserted impairment and functional limitations as they pertain to the online assessment process. **Note: Your failure to provide supporting documentation may result in a delay or the inability to grant your request.**

Process: Your request will be evaluated by the agency, in cooperation with you, to determine an appropriate accommodation for the online assessments for your asserted impairment; however, this will not be a generalized determination that you are a qualified individual with a disability under the Rehabilitation Act and the Americans with Disability Act for purposes of job accommodations. You will be contacted via the email address or phone number you provided above. **Upload this completed form and supporting documentation with your application.** If you have any questions or concerns about the online assessments, you may contact the agency Point of Contact(s) listed in the Job Opportunity Announcement.
