

**PRE-EMPLOYMENT ACCOMMODATION
REQUEST FORM**

AMERICAN WITH DISABILITIES ACT (ADA) accommodation or **RELIGIOUS ACCOMMODATION**

Date: _____ Applicant Position: _____

This form will be used only by the Human Resources Department for the pre-employment process and must be completed for each recruitment for which special arrangements are being requested.
Applicants may be required to submit written information which documents the need for accommodation.

First Name _____ M.I. _____ Last Name _____

Home Phone: (____) _____ Work/Message Phone: (____) _____

Accommodation(s) requested (please be specific):

- | | |
|--|--|
| <input type="checkbox"/> Testing: | <input type="checkbox"/> Oral |
| <input type="checkbox"/> Interviewing: | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Large print | <input type="checkbox"/> Extra time |
| <input type="checkbox"/> Sign language Interpreter | <input type="checkbox"/> A different day or time (please specify): |
| <input type="checkbox"/> Reading of test | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Documentation on file (within the last two years) | |

Attach documentation regarding why the accommodation is needed including the name and phone number of any person/doctor/organization who may verify the need(s):

**When completed, please return this form to the MRWMD Human Resources Office
14201 Del Monte Blvd., Marina, CA 93933**

Human Resources use only

The Human Resources Office must be given a minimum of 72 hours notification to provide accommodation requests.

Date form received: _____ Received by _____

Request form completed Yes No Documentation provided Yes No

Notes from contact with applicant: _____

Job Code: _____ Date accommodation to be provided: _____

Accommodation agreed upon to be provided: _____

HR contact person: _____ Proctor: _____

Notes from accommodation: _____