City and County of San Francisco

London Breed Mayor





Department of Human Resources

Carol Isen **Human Resources Director**

REQUEST FOR REASONABLE ACCOMMODATION FORM

Exams at the City and County of San Francisco may require you to do one or more of the following:

Write answers in narrative form using a pen or pencil (e.g., essay examination)

- Sit at desks, in chairs, etc. for long periods of time
- Speak in front of a panel of raters (e.g., oral examination)
- Perform physical activities (e.g., physical ability tests)
- Listen to instructions about test content or administration
 - Watch a video relating to test content or administration
- Read and answer exam questions on a computer
- Read exam material & fill in circles on a bubble sheet (e.g., multiple-choice examination)

This SECTION is to be COMPLETED by the APPLICANT

the California Fair Employment and Housing Ad	pairment that limits a major life activity) as defined by ct and/or Americans with Disabilities Act and wish to rticular exam due to your disability, please complete the
Applicant Name (PRINT):	
Applicant Signature:	Date:
Recruitment ID #:Title o	of Examination:
The following are types of test accommodations(s) that may be possible. Please check below the ones 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 any other accommodations you would like to request:	

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), you should return the form to the analyst who scheduled your exam (i.e., look for the analyst name in the email you received about the exam).

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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[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.

Exams 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 score reports based on their test score. The applicant who has signed the other side of this form is taking an exam and is requesting a reasonable accommodation during the exam. Whenever possible, reasonable testing accommodations that can be supported are provided to 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 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 exam:	
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.