REASONABLE ACCOMMODATION REQUEST FORM

Name:	Home Phone Number:
Address:	Work Phone Number:

Reason for Request (please select from below)

(A) I am requesting an accommodation that will enable me to participate in a County offered program, activity and/or service ("event"). ☐

Event Name:

Date of Event:

Address where Event will take place:

(B) I am applying for employment. The accommodation requested will enable me to participate in the recruitment, examination and/or other step(s) in the process. ☐

Position Title:

(C) I am currently employed by the County. The accommodation will enable me to perform my job functions. ☐

Current Job Title:

(D) Other(please specify):

Additional information: is ☐ is not ☐ attached.

The reasonable accommodation, which I am requesting, is as follows (please select from below):

(A) A qualified sign language interpreter to be provided at no cost. ☐

(B) An assistive listening device or other equipment or accommodaiton, such as (please describe in detail): ☐

(C) Other (please describe in detail):

I understand that the County of Imperial will give primary consideration to the choice expressed above, but that the County maintains the right to provide other effective means of communication and/or accommodation as may be necessitated by financial and/or administrative burdens.

Date: Signature:

Human Resources Use Only Date Received	PLEASE SUBMIT COMPLETED FORM TO THE ADA COORDINATOR LOCATED AT: 940 WEST MAIN STREET, SUITE 101, EL CENTRO, CA 92243 PH: (442) 265-1148 TTY California Relay Service: 7-1-1 Human Resources & Risk Management COUNTY OF IMPERIAL