Special Testing Accommodations Request Form

This form is to be completed by applicants who feel that they need special testing arrangements due to physical or mental disabilities. A separate form must be submitted for **EACH** job title for which you are requesting special testing accommodations. This form is used only in the administration of the County's program for providing accommodations in the testing process. Job accommodations, if needed, may be different and should be discussed at the time of job offer.

In order to be considered for any examination, applicants must submit a county application form by the recruitment filing deadline. Those requesting special accommodation for testing must submit this form in addition to the application form. **Do NOT attach this form to your application.**

Applicants must also provide documentation of the need for test accommodations. Such documentation should be provided by a doctor, rehabilitation counselor, or other qualified professional.

Requests for testing accommodation must be received at least two (2) weeks prior to the test administration date. You may submit your request by mail to San Bernardino County Human Resources, Employment Division, Special Testing Coordinator, 157 West Fifth Street, San Bernardino, CA 92415-0440; or fax to (909) 387-5792.

Name: _____ E-mail Address: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

I am requesting Special Testing Accommodation for:

Test Title: _____ Test Date: _____

Description of Need for Accommodation: list all test-related behaviors which cannot be performed.

_____

_____

_____

Accommodation Requested (List specific actions to be taken, if known.)

_____

_____

_____

Please list anyone who may be of assistance in providing special services.

Name: _____ Title: _____ Phone: _____

Certificate of Applicant: I certify that all information provided on this form is true and correct to the best of my knowledge. I have submitted a county employment application for this examination and have attached the required documentation supporting the need for an accommodation and type of accommodation necessary.

Applicant Signature: _____ Date: _____

Human Resources Use Only

Documentation: ☐ On File ☐ Date Requested: _____ ☐ Date Received: _____ Accommodation Requested: ☐ Yes ☐ No

Non Accommodation Decision: ☐ MQ Ineligible ☐ Doc. Not Received or Acceptable ☐ Standard Exam Process Suitable ☐ Non-disabled

Reviewing Analyst Initials: _____ Date: _____ Log Entry Date: _____ Initials: _____