



City of Vallejo
 Human Resources Department
 555 Santa Clara Street, 1st Floor
 Vallejo, CA 94590
 Main Line: (707) 648-4363
 Fax: (707) 648-5292

APPLICANT REQUEST FOR REASONABLE ACCOMMODATION

1. Applicant Information	
Name (first and last):	
Address, City, State, Zip Code:	
Cell Phone:	Home Phone:
Job Title Sought:	Department Sought:
2. Identify the aspects of the application or testing process of the position sought for which you are having difficulty performing fully or safely:	
3. Describe the type of accommodation you are seeking. If appropriate, please list specifications for products/modifications indicated.	
4. Is your medical condition temporary?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state expected duration:
5. Are you currently working?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

I voluntarily request I be provided with the above indicated work accommodations in compliance with the California Fair Employment & Housing Act / Americans with Disabilities Act. I understand that a review of my disability status may be required and I agree to cooperate fully with this process. I understand that if I refuse or fail to cooperate in this process, my request may be denied. Moreover, I understand that under FEHA/ADA only Reasonable Accommodations that do not pose an undue hardship on the employer are required.

 Applicant Signature

 Date