



JOB APPLICANT

Request for Reasonable Accommodation

Date of Request: _____

Applicant's Name (Please Print)

Applicant's Phone

Job Title of Position for Which Applying

Department

What is the accommodation you are requesting? Please be as specific as possible.

Is your request time sensitive? Yes No

What limitation or condition is interfering with your ability to submit an application?

What limitation or condition would interfere with your ability to perform the job for which you are applying?

What job function(s) or task(s) would you have difficulty performing?

What employment privilege are you having difficulty accessing (if any)?

How will the requested accommodation assist you?

Please provide any other information you think would be useful in evaluating your request.

I understand that all information obtained by Sandoval County during this process will be maintained and used in compliance with ADA confidentiality requirements. I also understand that I may be required to provide Sandoval County with medical documentation about my condition, its functional limitations, and appropriate accommodations.

Applicants' Signature

Date

When you have completed this form, please send it in a sealed envelope marked "Confidential" to the Human Resources Department.

Attachment: Sandoval County ADA Reasonable Accommodation Policy