

**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 accommodation, 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  
(760) 482-4488/TTY: (760) 482-4196



**Human Resources**  
& Risk Management  
COUNTY OF IMPERIAL