

**PRE-EMPLOYMENT REASONABLE ACCOMMODATION
REQUEST FORM**

Date: _____ Position Applied For: _____

Department: _____

This form will be used only for the pre-employment process and must be completed for each recruitment for which special arrangements are being requested. Applicants may be required to submit written information which documents the need for accommodation.

First Name _____ M.I. _____ Last Name _____

Home Phone: _____ Work/Message Phone: _____

Accommodation(s) requested (please be specific):

- | | |
|--|---|
| <input type="checkbox"/> Testing: | <input type="checkbox"/> Interviewing: |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Extra time | <input type="checkbox"/> Sign Language Interpreter* |
| <input type="checkbox"/> Reading of test | <input type="checkbox"/> Oral |
| <input type="checkbox"/> Sign Language Interpreter* | <input type="checkbox"/> Extra Time |
| <input type="checkbox"/> A different day or time (please specify): _____ | |
| <input type="checkbox"/> Other (please specify): _____ | |

Medical Documentation on file with the County of Riverside Human Resources Department (within last five years)

Medical Documentation regarding why the accommodation is needed, including the name and phone number of the healthcare provider or other appropriate individual, is attached.

***Note: Medical documentation is not required for sign language interpreter requests.**

Human Resources Use Only

If a sign language interpreter is needed, the department must be given a minimum of 4 business days notice. The Sign Language Interpreter Request Form and Procedures are located on the Human Resources Department/Disability Access Office web page at <https://rc-hr.com/dao>.

Date form received: _____ Received by: _____

Accommodation Request Form Completed Yes No Documentation Provided Yes No

Notes from contact with applicant: _____

Job Code: _____ Date accommodation to be provided: _____

Accommodation agreed upon to be provided: _____

HR contact person: _____ Proctor: _____

Accommodation Notes: _____

Pre-Employment Accommodation Request Procedures

Job Candidates

1. Obtain the Pre-Employment Accommodation Request form from the Human Resources Department/ Disability Access Office web page at <https://rc-hr.com/dao>.
2. Thoroughly complete the top portion of the form and submit to the Human Resources Department/ Disability Access Office via email at ADA@rivco.org, or via fax at (951) 955-7954. Please include all necessary supporting documentation.

Disability Access Office

1. Review completed form and supporting documentation to determine if the candidate is a qualified individual with a disability as defined under the Americans with Disabilities Act/Fair Employment and Housing Act (ADA/FEHA).
2. If the candidate is qualified under ADA/FEHA, forward the form to the appropriate recruiter to begin the Interactive Process with the candidate to determine if a reasonable accommodation can be made. If the candidate is not qualified under ADA/FEHA, contact candidate to determine if additional information is needed.

HR/Recruitment

1. Begin the Interactive Process by contacting the candidate to discuss the candidate's limitations and what, if any, reasonable accommodations can be made.
2. Once a reasonable accommodation decision is made, inform the candidate of the decision, complete the bottom portion of the Pre-Employment Accommodation Request Form and submit to the Disability Access Office for filing.