

**CITY OF STOCKTON
HUMAN RESOURCES DEPARTMENT
REQUEST FOR ACCOMMODATION**

Information contained on this form is classified as CONFIDENTIAL to the extent permitted by law. Please complete in full and return along with your Application for Employment. This accommodation request cannot be processed unless supporting medical documentation is attached. For further information, refer to City of Stockton Policy PER-035.

NAME/SS# _____ / _____
Last Name First Name M.I. Social Security #

ADDRESS _____
Street City State Zip

PHONE # (____) _____ (____) _____
Area Code Message Number

Accommodation requested for the _____ EXAMINATION

NEED FOR ACCOMMODATION (To be completed by applicant)

1. Describe the tasks and duties expected of you for which you are requesting accommodation.

2. Describe in your own words the limitations caused by your condition for which you are requesting accommodation(s). Use additional pages if necessary. (Attach medical documentation of functional limitations.)

My condition is a:
 Mental characteristic
 Physical characteristic
 Other*

It is the result of:
 Disease
 Injury
 Congenital condition of birth
 Functional disorder
 Other*

*Please attach an explanation.

3. Describe any accommodations you believe would be of benefit in this job position, or relevant accommodations successfully utilized in the past.

Print Your Name

Date Submitted
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Signature