



SPECIAL TESTING ACCOMMODATIONS REQUEST FORM
(Americans with Disabilities Act)

Completion of this form is voluntary. This form is to be completed by applicants who feel that they may need special testing arrangements due to physical or mental disabilities. This form should be submitted for **EACH** job title for which you have concerns regarding test participation. Do **NOT** attach this form to your application. Submit it to the Employment receptionist or mail to:

WASHOE COUNTY HUMAN RESOURCES
P. O. BOX 11130, RENO, NEVADA 89520

NAME APPLICANT ID NUMBER

ADDRESS CITY, STATE, ZIP CODE

HOME PHONE NUMBER BUSINESS/MESSAGE PHONE

JOB TITLE DATE

Description of Disability:

Accommodation Requested:

Signature Date

Please list anyone who may be of assistance in providing special services

Name Title Phone Number

DEPARTMENT OF HUMAN RESOURCES ACTION:

___ **Approve** ___ **Deny**

Comments:

Accommodations:

Signature

Date

PROCTORS REPORT

Date of Examination

Accommodation Made

Comments:

Signature

Date