SPECIAL TESTING ACCOMMODATIONS
REQUEST FORM

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

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NAME                                                                     APPLICANT ID NUMBER

ADDRESS                                                               HOME PHONE NUMBER

CITY, STATE, ZIP CODE                                     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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
</tr>
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Revised May 2010
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DEPARTMENT OF HUMAN RESOURCES ACTION

Approve  Deny

Comments: 
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Accommodations: 
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature          Date

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PROCTORS REPORT

Date of Examination  Accommodation Made

Comments: 
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature          Date

Revised May 2010
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