

**SPECIAL TESTING ACCOMMODATION REQUEST FORM**

Completion of this form is voluntary. This form is to be completed by applicants who feel 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 and must be submitted *within three (3) days after receiving your qualification email*. Once Human Resources receives the completed form with the required documentation, they will respond within five (5) business days. Do **NOT** attach this form to your application. This form, along with medical documentation, can be hand-delivered to Human Resources, scanned and emailed to [careers@washoecounty.us](mailto:careers@washoecounty.us), or mailed to:

**WASHOE COUNTY HUMAN RESOURCES  
1001 E. Ninth St., Bldg. A, Reno, NV 89512**

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Applicant Name Applicant Id Number

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Mailing Address Home Phone Number

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City, State, Zip Code Business/Message Phone Number

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Job Title Date

Description of Disability (medical documentation *must* be attached):

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Accommodation Requested:

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Applicant Signature Date

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

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Name Job Title Phone Number

**DEPARTMENT OF HUMAN RESOURCES ACTION:**

\_\_\_\_\_  
Applicant Name

Approve: Y / N  
(circle one)

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Accommodations Approved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HR Analyst Signature

\_\_\_\_\_  
Date

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**PROCTOR'S REPORT**

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Accommodation Made

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HR Specialist Signature

\_\_\_\_\_  
Date