STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES ACCOMMODATION REQUEST STD. 679 (REV. 7/2019)

APPLICANT'S NAME (Last)	(First)		(M.I.)		CalCareer ID	
MAILING ADDRESS (Number)	(Street)		(Apt #)		SOCIAL SECURITY NUMB	ER
(City)		(County)		(State	e) (Zip Code,)
E-MAIL ADDRESS			1st TELEPHONE NUMBER	Work	2nd TELEPHONE NUMBE	WOIK
				Home Other		Home Other
EXAMINATION(S) FOR WHICH YOU ARE APP	PLYING			Other		
						PERSONNEL USE ONLY
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THIS ACCOMMODATION REQUEST IS FOR AN EMPLOYMENT EXAMINATION ONLY

The State of California provides Reasonable Accommodations for Disabilities, Medical Conditions, and Religious beliefs. Complete this form when requesting an accommodation to take an Employment Examination. If completing the hard copy of this form and more space is needed, attach additional sheets. If you need an accommodation for a job interview, please do not use this form, instead, request the accommodation at the time you are contacted to be scheduled for the interview.

By submitting this accommodation request, you acknowledge that you may be required to substantiate your request.

Check All Applicable Needs:

	does your disability or medical condition limit your participation in examination?		
		Sunday	
		Monday	
		Tuesday	
		Wednesday	
		Thursday	
Assistive Device – Describe:		Friday	
		Saturday	
Wheelchair Accessibility		Other – Describe:	
Accommodation for Exam/Assess	ment Material:		
Braille	Audio Recorded Material		
Large Print Material	Sign Language Interpreter		
Text Reader			
More Time			
Quiet Location			

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