Office of the Secretary of State
Department of Personnel

Testing Accommodation Request Form

This form must be completed by applicants requesting testing accommodation(s) due to a medical condition or disability.

Any request for accommodation testing based on a medical condition or disability must be supported by documentation verifying the condition necessitating the request. **All requested information must be provided.**

This form must be submitted for each test for which an accommodation is being requested.

Submit this form(s) to the office where you will be testing. **Do not attach this form to your applications(s).**

Department of Personnel
Rm. 196 Howlett Building
Springfield, IL 62756

Department of Personnel
17 N. State St., Ste. 1276
Chicago, IL 60602

Applicant Information

Name: _____ Social Security Number: _____

Address: _____ Primary Phone Number: _____

City, State, ZIP: _____ Secondary Phone Number: _____

Reason for Accommodation: _____

_____

Type of Accommodation Requested: _____

_____

Are you testing for a specific job posting?
☐ YES
☐ NO
Date posting closes: _____

Requisition Number for position (as indicated on posting notice): _____

_____ _____
Signature of Applicant Date of Request

OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE

Request for accommodation: APPROVED ☐ DENIED ☐ Date: _____

Notification of applicant: TELEPHONE ☐ LETTER ☐ Date: _____

Alternative Accommodation: _____

_____ Scheduled Test Date: _____

Title: _____

_____ _____
Signature of Proctor Date Administered

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