

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