



City of Phoenix

Human Resources Department

Call: 602-495-5700
TTY: 7-1-1 Friendly

Reasonable Accommodation Request

To request a reasonable accommodation during the testing process, please complete this form and email to hrc@phoenix.gov. Hard copies can be submitted to the City's Human Resources Center. If you have questions, please call one of the numbers listed above.

Name (please print): _____ Date: _____
Last Name, First Name, Middle Initial

Phone: _____ Email: _____

I have applied for (Job Title, Job ID#, Exam Date): _____
and may need reasonable accommodation during the testing process. Please contact me regarding this request for reasonable accommodation. The reasonable accommodation I may need is:

I authorize the City of Phoenix Human Resources Department to contact the medical professional, agency official, or other individual below to verify a reasonable accommodation is legitimate and necessary. I also authorize the medical professional, agency official, or other individual who is contacted to provide the information necessary for the Human Resources Department to make a decision regarding my request.

Medical Professional or Agency Official Information:

Name & Job Title: _____

Name of Agency: _____ Phone: _____

HUMAN RESOURCES DEPARTMENT USE ONLY

_____ Approved _____ Denied

Comments: _____

Processed By: _____ Date: _____