State of Idaho Accommodation Request Form for Applicants

Following the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act, the [Statewide ADA and Reasonable Accommodation policy](https://dhr.idaho.gov/statutes-rules-and-policies/), and other applicable federal and state civil rights laws, applicants who are unable to complete any portion of the application process due to disability or religious belief should contact the Idaho Division of Human Resources (DHR) and request an accommodation.

Requests for reasonable accommodations should be initiated at the time an application is submitted, or as soon as the applicant realizes their need for accommodation (example: when an interview is scheduled, or when applicant is notified, there is an additional examination required, etc). Some requests for accommodation based on a disability may require the submittal of documentation from a physician. If medical documentation is required, a Human Resource (HR) representative will contact the applicant.

# This form is optional. Accommodation requests may be sent by direct mail, phone, or email:

Statewide ADA Coordinator

304 N. 8th St. P.O. Box 83720

Boise, Idaho 83720-0066

(208) 854-3088 TTY/TDD dial 7-1-1; [ada.coordinator@dhr.idaho.gov](mailto:ada.coordinator@dhr.idaho.gov)

## **All information below will need to be provided to process the request as timely as possible.**

**Name:** Click or tap here to enter text.

**Job Number:** Click or tap here to enter text.

**Position Title**: Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**E-mail address:** Click or tap here to enter text.

### **Preferred method of contact:** (check all that apply):

Phone (Voice)

Phone (Text)

E-mail

#### **Type of Accommodation:**

Disability

Religious

**Accommodation Requested** (Do not include specific medical or religious information): Click or tap here to enter text.

Signature: Date: Click or tap to enter a date.

