



Print Your Name: _____

ADA TEST ACCOMMODATION REQUEST FORM
Two Page Document

The City of Colorado Springs (City), in accordance with the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008, provides test accommodations to qualified applicants with physical or mental impairments or limitations described as a disability under the ADA. Decisions regarding accommodations are made on a case-by-case basis.

To request an accommodation, the applicant must provide documentation of the disability from a qualified health care provider to the City's Human Resources Office. This documentation must include the qualified health care provider's assessment of the applicant that supports the need for a test accommodation given the test format and the applicant's disability. A qualified health care provider must have the expertise to give an opinion about the applicant's medical condition and the limitations imposed by it.

An accommodation for purposes of testing does not and is not intended by the City of Colorado Springs as a waiver of essential job functions. An applicant with a disability, like all other applicants, must be able to meet the requirements of the job. In addition, an applicant with a disability, if hired, must be able to perform the essential functions of the job, with or without a reasonable accommodation(s). The City of Colorado Springs, whether for purposes of testing or job qualification, is not required to provide a reasonable accommodation that will cause undue hardship, which includes significant difficulty or expense.

Please complete this Test Accommodation Request form and return it by the deadline date listed below. Submission of an incomplete or illegible request form and/or insufficient documentation will delay the processing of your request. Applications received without documentation of the disability from a qualified health care provider will be processed WITHOUT testing accommodations.

We will treat this information as confidential and maintain it in accordance with ADA and state laws on privacy and confidentiality of medical information.

PLEASE PRINT OR TYPE

The accommodation(s) requested must be appropriate to the functional limitation(s) that exist as a result of your disability and must be supported by documentation from a qualified health care provider.

1. Describe the disability and how it affects your ability to take the test given the format of the test.

2. Based on your disability, specify the accommodation(s) you are requesting based on the format of the test. Your request must be specific. For example, if you need extra time to take the test, indicate how much time.

Your signature is required to allow the City of Colorado Springs to engage in the interactive process to ensure your request is processed in accordance with ADA law, and to verify the availability of accommodations with the test developer. The City considers requests for test accommodations on a case-by-case basis. You will be notified of the decision regarding your accommodation request.

Name (Print): _____ Signature: _____ Date: _____

Email Address: _____ Phone Number (Include Area Code): _____

Mailing Address: _____

Position You Are Requesting the Test Accommodation for: _____

YOUR ACCOMMODATION REQUEST (INCLUDING SUPPORTING DOCUMENTATION) MUST BE RECEIVED BY: June 1, 2015.

Please mail or email your completed form to:

Heather Edwards
Colorado Springs Police Department
705 S Nevada
Colorado Springs, CO 80903
edwardhe@ci.colospqs.co.us