

Request for Civil Service Pre-Employment Examination Accommodation

INSTRUCTIONS TO EMPLOYER: If an applicant has a disability that requires an accommodation in testing, this form must be completed by an appropriate professional (i.e., education professional, physician, vocational rehabilitation counselor, psychologist, or psychiatrist) designated by your university/agency to certify that the disabling condition requires testing accommodation(s). **Please submit request at least three (3) working days before exam date.**

Please provide the following information (please print or type):

Applicant's Name: _____

Employer Address/Exam Location: _____

Civil Service Examination/Classification: _____

Date of Examination _____

Certification:

I hereby certify on behalf of the employer that the applicant listed above has met the requirements of the ADA, and all associated policies and procedures of the employer, in order to verify and provide the accommodation requested above. Accordingly because of this applicant's disability, he/she should be accommodated by providing the following exam modifications (specify):

Certifying Professional's Name (Print): _____

Signature: _____ Date: _____

Title: _____

Phone No.: _____ Fax No.: _____

E-Mail Address: _____

University System Approval:

Approved Not Approved

Executive Director

Date

**Send completed form to: STATE UNIVERSITIES CIVIL SERVICE SYSTEM
1717 Philo Road, Suite 24
Urbana, IL 61802-6099**

****Upon approval, the University System Office will provide instructions on how to proceed with the specific testing accommodation.***