

**TOWN OF VIENNA, VIRGINIA  
REQUEST FOR REASONABLE ACCOMMODATION**

<b>If you are selected for employment testing or an interview, complete this form &amp; return it to the Public Works Director's Office a least five days prior to the interview or test.</b>	
Name:	Social Security Number:
Position:	Daytime Phone Number:
<p><b>I am an applicant for the above position and may require reasonable accommodation in the</b>  <input type="checkbox"/> Interview      <input type="checkbox"/> Testing Process      <input type="checkbox"/> Both  <b>I hereby request that the Director of Public Works contact me concerning the reasonable accommodation and authorize the Town of Vienna to verify this request.</b></p>	
Signature:	Date:

<b>In detail, please describe the accommodation you may need:</b>

<b>Please provide the name of a doctor, agency official or other individual who may be contacted to provide additional information.</b>	
Name:	Title:
Agency:	Telephone Number:
Address:	City, State, Zip:

<b>For Use by the Town of Vienna Only</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn <input type="checkbox"/> Not Needed	
Comments:	
By:	Date: