



## Hope Services

### Request for Reasonable Accommodation

1.

\_\_\_\_\_  
Applicant, Employee or Client Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Today's Date  
(Date form is completed)

\_\_\_\_\_  
Employee's or client's Dept./Program

\_\_\_\_\_  
Date of Request (Can be written or verbal)

**2. Accommodation Requested:** (Be as specific as possible, e.g., adaptive equipment, reader, interpreter)

### 3. Reason for Request

If accommodation is time sensitive, please explain:

**4. Return form to:** HOPE Services, Human Resources Dept.  
30 Las Colinas Lane, San Jose, CA 95119

Log No. \_\_\_\_\_