

FORM D: CERTIFICATE OF NONSTANDARD ACCOMMODATIONS IN EMPLOYMENT SETTING

In re the request of _____ for nonstandard testing accommodation.

This form is to be completed by an authorized representative of each organization or entity that has provided nonstandard accommodation to the above applicant in an employment setting.

1. Please provide your name, position, business email address, and business phone number, as well as the name, address, phone number, and fax number of your organization or entity.

2. Please advise the date the applicant began employment with your organization and, if applicable, the date such employment ended.

3. Please describe the nonstandard accommodation requested by the applicant.

4. Please describe the nature of the physical or mental impairment of the applicant that served as the basis for the decision to provide nonstandard accommodation.

5. Please provide a detailed description of the nonstandard accommodation provided to the applicant and the manner in which the accommodation differed from the customary employment procedures and setting.

6. Please describe the information and documentation that served as the basis for providing nonstandard accommodation to the applicant.

7. Please describe any nonstandard accommodation requested by the applicant that was not provided and the reason(s) for the denial.

Signature_____

Printed Name_____

Date of Execution_____