



**SAN LUIS OBISPO COUNTY  
OFFICE OF EDUCATION**

LEADERSHIP ■ COMMUNITY ■ SERVICE  
JULIAN D. CROCKER, SUPERINTENDENT

**INSTRUCTIONS:**

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|--|--|
| 1. Employee/Applicant completes form       | 5. Submit completed form to compliance officer if accommodation was not made at the supervisor's level |
| 2. Attach supporting documents             |  |
| 3. Employee discusses with supervisor      |  |
| 4. Employee obtains supervisor's signature |  |

**SLOCOE ACCOMMODATION  
REQUEST & RESPONSE FORM  
FOR EMPLOYEES & JOB APPLICANTS**

**ACCOMMODATION REQUEST BY EMPLOYEE/JOB APPLICANT**

**Employee/Job Applicant Name:** \_\_\_\_\_

**Employee's Supervisor:** \_\_\_\_\_

**Date Submitted With Supporting Documents:** \_\_\_\_\_

**Reason for accommodation request:**

- I need assistance with one or more components of the employee recruitment process
- I need assistance to perform the essential functions of the job.

**Accommodation requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equipment requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If accommodation is provided as requested, I expect to be able to perform all of the essential job functions.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee/Job Applicant**

\_\_\_\_\_  
**Date**

**SUPERVISOR RESPONSE TO EMPLOYEE REQUEST**

Accommodation Made

Forwarded to compliance officer

Specific accommodation made:

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\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**RESPONSE TO REQUEST BY COMPLIANCE OFFICER**

Request approved

Request denied

Specific accommodation to be made: \_\_\_\_\_

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Request denied for the following  
reason: \_\_\_\_\_

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Projected timeline for implementation: \_\_\_\_\_

Cost estimate: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

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**If the accommodation fails to enable employee to perform the essential job functions, it is the employee's responsibility to notify his/her immediate supervisor.**

\_\_\_\_\_  
Chief Human Resources Officer/Compliance Officer

\_\_\_\_\_  
Date

If the employee/job applicant disagrees with the decision of the compliance officer, the employee/job applicant may file a formal complaint with the County Office regarding discrimination on the basis of disability. The employee/job applicant must submit a complaint form in accordance with County Office procedures on the SLOCOE form provided by the Human Resources Office. The employee/job applicant may also contact the Department of Fair Employment and Housing (DFEH).