



801 Capitol Mall Sacramento, CA 95814 | www.spb.ca.gov

Governor Gavin C. Newsom

# HEARING ACCOMMODATION REQUEST FORM FOR PERSONS WITH DISABILITIES

<sup>†</sup> Appellant Name:	<sup>†</sup> SPB Case No:	<sup>†</sup> Date:
<sup>†</sup> Requestor Name: *	<sup>†</sup> Requestor Is: <input type="checkbox"/> Party <input type="checkbox"/> Witness <input type="checkbox"/> Attorney	

*\* Requestor's name is kept confidential*

<sup>†</sup> Name of Person Submitting Request:	<sup>†</sup> Phone Number:
<sup>†</sup> Street Address: (line one)	
<sup>†</sup> Street Address: (line two)	
<sup>†</sup> City:	<sup>†</sup> State: <sup>†</sup> Zip Code:

<sup>†</sup> Location of Hearing or Conference	<sup>†</sup> Date Accommodation is needed:
<sup>†</sup> Impairment Necessitating Accommodation: (Please Specify)	

<sup>†</sup> Please describe the type(s) of accommodation needed: *(attach additional pages as needed)*

Additional Pages Attached

<sup>†</sup> Denotes required field

Please submit this completed form via email to [appeals@spb.ca.gov](mailto:appeals@spb.ca.gov). This form may also be submitted via regular mail to the State Personnel Board, Appeals Division, 801 Capitol Mall, Sacramento, CA 95814 or by fax to (916) 654-6055.

By signing and dating below, I certify that the information on this form is correct.

**Signature:**

**Date:**

*Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)*