

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES TO PARTICIPATE IN HEARINGS BEFORE THE STATE PERSONNEL BOARD

California Code of Regulations, title 2, section 58.8

***ALL fields are required!**

Name of Requestor: _____
(Requestor's Name Will Be Kept Confidential)

Requestor is a/an:
Witness
Party
Attorney

Person submitting request: _____

Street Address (Line One): _____

Street Address (Line Two): _____

City: _____ State: _____ Zip Code: _____

Phone No. (include area code): _____

Case Name: _____

SPB Case No.: _____

Location of Hearing or Conference:

Date(s) accommodation is needed: _____

Impairment necessitating accommodation (please specify):

Please describe the type or types of accommodation requested and any anticipated problems that may be encountered in the box below:

By signing and dating below, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Apply Signature or Electronic Signature

Pursuant to the Cal. Code of Regs., tit. 2, § 51.2, subd. (q)

Date: _____