



STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS ENFORCEMENT

v.	Plaintiff
	Defendant

Case No(s): _____

FORM TO BE KEPT CONFIDENTIAL (if box checked)

**REQUEST FOR ACCOMMODATIONS BY
PERSONS WITH DISABILITIES**

1. Name: _____ Telephone Number: _____

2. Address: _____

3. Person making request is: Plaintiff Attorney Employer Other: _____

4. Dates accommodations needed (specify): _____

5. Impairment necessitating accommodations (specify): _____

6. Type of accommodations (specify): _____

7. I request that my identity: be kept CONFIDENTIAL NOT be kept CONFIDENTIAL

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF REQUESTOR)