



STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD  
OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES

In the Matter of:	Docket No.(s):
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FORM TO BE KEPT CONFIDENTIAL (If Box Checked)

1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Person Making Request is:  Applicant  Attorney  Employer Rep.  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)