

Telephone Number:

Mailing Address:

Person making request is: Applicant Attorney Witness Other:

WCAB/DWC Case No. and Unit (if applicable):

Date Accommodation Needed:

Location of Accommodation:

Remote Trial Appearance WCJ:

Specify impairment(s) or disability(ies) for which an accommodation is needed:

State accommodation being requested and how it accommodates the impairment/disability

Date _____

FOR OFFICE USE ONLY

Date Provided:

Accommodation Provided?		Accommodation Used?		Accommodation effective?	
Y	N	Y	N	Y	N

If not, why/comments

Employee Signature