



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

Governor Gavin C. Newsom

HEARING ACCOMMODATION REQUEST FORM FOR PERSONS WITH DISABILITIES

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

* Requestor's name is kept confidential

[†] Name of Person Submitting Request:		[†] Phone Number:	
[†] Street Address: (line one)			
[†] Street Address: (line two)			
[†] City:		[†] State:	[†] Zip Code:

[†] Location of Hearing or Conference	[†] Date Accommodation is needed:
[†] Impairment Necessitating Accommodation: (Please Specify)	

[†] Please describe the type(s) of accommodation needed: (attach additional pages as needed)

Additional Pages Attached

[†] Denotes required field

Please submit this completed form via email to 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)