



COUNTY OF SONOMA

Self-Disclosure of Restrictions and/or Need for Accommodation

The County of Sonoma is committed to providing equal employment access to all qualified applicants and employees, and a workplace free of discrimination on the basis of medical condition, physical disability or mental disability. The position for which you have received a conditional job offer does not require a physical examination, therefore we ask your assistance in determining if you may need some type of accommodation in order to safely perform the job.

Instructions: Please review the description of the essential duties included with this conditional offer and let us know if there are any restrictions which may impact your ability to perform these duties. The information you provide will be evaluated by the County’s Disability Management Unit in order to insure the County can reasonably provide the appropriate accommodations. **Please do not disclose any medical diagnosis**, provide only a brief description of restrictions or accommodations needed such as “Can keyboard up to 30 min per hour with 5 min break to perform an alternate task”, “No lifting over 20lbs”, “Can’t reach above shoulder level”, “No walking on uneven ground”, etc.

I have reviewed the essential functions for the position of _____ with the _____ Department and understand what would be required of me.

To the best of my knowledge:

I can perform the essential functions without need for accommodation.

I have the following work restrictions which may affect my ability to safely perform the essential functions and am requesting an interactive meeting to discuss potential accommodations. *Please note that medical documentation may be requested in order to assist us in determining how best to respond to the need for accommodation.*

Printed Name: _____ Date: _____

Email: _____ Phone: _____

This form must be received by the Human Resource Department’s Disability Management Unit within 48 hours of your acceptance of the conditional job offer. If you have any questions regarding completion of this form, please call the Human Resources Department at 707-565-8059 and ask to speak to someone in the Disability Management Unit.

To submit the completed form electronically, please click the SUBMIT button below. If submitting a paper copy, please sign below and return the completed form to the County’s Disability Management Unit by FAX 707-526-0101, emailing a scanned copy to: DisabilityUnit@sonoma-county.org, or by delivering to Sonoma County Human Resources, Disability Management Unit, 575 Administration Dr., Suite 116B, Santa Rosa, CA 95403.

By clicking submit or signing below, I warrant the truthfulness of the information provided on this self-disclosure form.

Signature: _____