

Applicant/New Hire ADAAA Interactive Process Referral

Instructions:

IMPORTANT NOTE: IF YOU ARE USING GOOGLE CHROME OR MOZILLA FIREFOX TO ACCESS THIS FORM YOU WILL NEED TO DOWNLOAD THE FORM FOR COMPLETION AND SUBMITTAL.

The applicant or applicant's recruiter must fill out this form completely to begin the ADAAA process. We are not asking the applicant to provide any detailed medical information (condition or diagnosis).

Once you have completed the form, please click on the submit button below and an email will be generated with the attachment. Click send and you have completed the process. **Please DO NOT CHANGE THE SUBJECT LINE.** You will not be able to open the document at this point.

You should receive a response within a few days.

Date:	Date Accommodation Needed:
Applicant/EE LAST Name:	Applicant/EE First Name:
Applicant/EE Home Email: (This must be a personal email account)	Applicant/EE Phone Number:
WIN ID: (If applicable)	City/State:

What specific accommodation(s) is the applicant/new hire requesting? (Please check all that apply)

- | | |
|--------------------------|------------------------------------|
| Interpreter | Facility Accessibility |
| Job Aid | Hand, Stand, or portable magnifier |
| Screen Reading Software | Large print documents |
| Computer Braille display | Telephone Light Sensor |
| Qualified Reader | Task Lighting |
| Larger Monitor | Service Animal |
| Monitor Screen/Filter | Other (Describe): |

FOR RECRUITING ONLY

Recruiter Name:
 Recruiter WIN ID:
 Recruiter Email:
 Recruiter Phone#:

Hiring Manager Name:
 Hiring Manager WIN ID:
 Hiring Manager Email:
 Hiring Manager Phone#:

**DO NOT CHANGE THE SUBJECT LINE OF
 EMAIL WHEN SUBMITTING**

