

**ACCOMMODATION REQUEST FORM in connection with the POLICY ON THE EMPLOYMENT OF PERSONS WITH DISABILITIES**

UNFPA Personnel **OR** Applicant:

UNFPA Personnel **OR** Applicant Phone Number:

UNFPA Personnel **OR** Applicant E-mail:

 **For Applicant use**:

I am requesting Accommodation for:

Test Title:

Test Date:

Applicant ID:

 **For UNFPA Personnel use**:

I am requesting Accommodation for:

UNFPA Personnel Location (Room No):

UNFPA Personnel Phone Number/Extension:

Employee ID (If Available):

**NOTE:** **PLEASE DO NOT SUBMIT ANY MEDICAL DOCUMENTATION AT THIS STAGE. ONCE WE HAVE REVIEWED YOUR ACCOMMODATION REQUEST, YOU WILL RECEIVE FURTHER INSTRUCTIONS.**

**Accommodation Requested:**

**Requested by: (Applicant OR UNFPA Personnel):**

**Name:**

**Title:**

**Date:**