



Department of Human Resources ***Request for Mandatory Interview Form***

To request mandatory interview status, you will need to complete this *Request for Mandatory Interview* form. You must complete and return this form by mail. The information gathered will help us determine whether you are a qualified individual with a disability in accordance with the Americans with Disabilities Act. Any information you provide in conjunction with this request is strictly confidential and will be kept separate from your State of Vermont employment application. If you need assistance completing this form, please let us know.

If your request is approved, you will be granted mandatory interview status effective as of the approval date. From that point forward, each time you apply for a job with the State of Vermont where you meet the minimum qualifications, your name will be included on the candidate referral list. It will be noted on this referral list that you have **mandatory interview status**. The hiring authority is required to offer you an interview (but this does not guarantee that you must be offered the job).

Please complete and return the attached form and required documentation to:

**Accommodation Coordinator
Department of Human Resources
Labor Relations Division
120 State Street, 5th Floor
Montpelier, VT 05620-2505**

If you have any questions, please contact the Labor Relations Division at:

1-802-828-3454

**The State of Vermont is an Equal Opportunity/Affirmative Action Employer.
Applications from women, individuals with disabilities, veterans, and people from
diverse cultural backgrounds are encouraged.**

Department of Human Resources

Request for Mandatory Interview Form

To be completed by the applicant requesting mandatory interview status.

Part I – Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Part II – Disability

So that we may determine if you are a “qualified individual with a disability” in accordance with the Americans with Disabilities Act, we request you provide documentation regarding your medical impairment. In the space provided below, please describe what your medical impairment is, and how it substantially limits major life activities. Documentation may be a copy of a letter or document from a physician or other applicable health care provider or vocational rehabilitation counselor which indicates your impairment and substantial limitations.

Submitting a request without supporting documentation will delay a determination.

Signature:

Date: