

APPEAL OF A REASONABLE ACCOMMODATION DETERMINATION

This form is to be used by an ABC Company employee / applicant who wishes to appeal the determination of the employee's / applicant's request for a reasonable accommodation.

ALL APPEALS MUST BE RECEIVED BY THE Director of Human Resources/Accommodation Specialist/or other designated individual WITHIN THIRTY (30) DAYS OF THE DATE OF NOTIFICATION OF THE INITIAL DETERMINATION.

Please submit a copy of your appeal to the Director of the Office of Human Resources at DOHR@gmail.com.

INSTRUCTIONS: The employee/applicant should complete Section I of this form and forward it in an envelope marked "Confidential" to Director of the Office of Human Resources.

SECTION I – TO BE COMPLETED BY EMPLOYEE / APPLICANT

Name:

Type of Accommodation Requested:

Date of Reasonable Accommodation Determination:

Statement of Appeal (clearly state all grounds for appeal; attach additional sheets as necessary):

I am attaching the following additional documentation (do not resubmit any documentation):

I affirm that I have reviewed this accommodation appeal and that it is true to the best of my knowledge, information and belief.

Date Signature of Employee / Applicant

SECTION II – FOR DEPARTMENT USE

Date Appeal Received:

Date of Acknowledgement:

Disposition of Appeal:

Date of Notification of Disposition: