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### **Accommodations Outcome Appeal Form**

The Reasonable Accommodations Policy allows for appeals to be submitted in writing within 30 days of the final determination or denial of requested accommodation(s). Individuals who wish to appeal a reasonable accommodation determination must contact the Reasonable Accommodations Committee via the ADA Coordinator who will convene the Reasonable Accommodation Committee to consider the appeal. The Decision-maker who was involved in the initial accommodation decision will not take active part in the appeal determination. The decision by the review committee following the appeal shall be considered final.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

On a separate sheet, please list which requested accommodation(s) outcome you wish to appeal and provide a detailed explanation for the reason you are seeking an appeal. By signing the form below, I understand that:

- I will receive written notice of the outcome of this appeal within five business days of the Committee's decision.
- If any of the grounds in the Request for Appeal do not meet the specified grounds, that request will be denied and I will be notified in writing.
- The ADA Coordinator will communicate the decision of the Committee.
- The appeal outcome is final and cannot be appealed.

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I am appealing the outcome/denial of the requested accommodation(s) on the following ground(s):

\_\_\_ Procedural irregularity that affected the outcome of the matter

\_\_\_ New information that was not reasonably available at the time of the determination regarding the determination, that could affect the outcome of the matter

\_\_\_ The ADA Coordinator/Decision-maker has a conflict of interest or bias against the Requestor/Employee that affected the outcome of this matter

\_\_\_ Any other reason not specified above that identify the facts in the record that do not support the accommodation denial and/or modification or identify how the denial and/or modification was based on factors proscribed by state or federal law

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_