## Appeal a Reasonable Accommodation Finding Form

**Instructions**

This form is used by applicants, employees, and employing units appealing a final determination of the ADA Division of the Office for Access and Equity to grant or deny an accommodation. Appeals must be filed within ten (10) calendar days of the ADA Division’s final determination. Appeals may be filed with:

The Associate Vice Chancellor for Access and Equity  
Office of the Vice Chancellor for Diversity Equity & Inclusion  
616 E. Green St. Suite 214, Champaign 61820  
Email: accessandequity@illinois.edu

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**Date:**  
**Name of Individual filing Appeal:**

**Appeal by:** (Please check one)  
□ Applicant  
□ Employee  
□ Employing Unit

**Phone Number:**  
**Email:**

**Accessibility Specialist (if known):**  
**Accommodation Case # (if known):**  
**Date of ADA Division Final Determination:**

**Appealed to ADA Division Director:** (Please check one)  
□ Yes  
□ No

### Employing Unit Appeals  
(To be completed by departments appealing a final determination)

<table>
<thead>
<tr>
<th>Unit Name:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name:</td>
<td></td>
<td></td>
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<tr>
<td>Supervisor Email:</td>
<td>Supervisor Phone Number:</td>
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</tbody>
</table>

### Employee Appeals  
(To be completed by employees appealing a final determination)

<table>
<thead>
<tr>
<th>Unit Name:</th>
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</tr>
</thead>
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<tr>
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<td></td>
</tr>
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<td>Supervisor Email:</td>
<td>Supervisor Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>
Applicant Appeals
(To be completed by applicant appealing a final determination)

Unit Applied to: ______________________________________________________
Date of Request: ______________________________________________________
HR Contact Email: ______________________ HR Contact Phone Number: _________

Please describe the accommodation(s) that was granted or denied (Attach additional sheets if necessary- do not include medical documentation):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please describe why you believe the ADA Division’s decision was incorrect: (Attach additional sheets if necessary- do not include medical documentation):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Acknowledgment: To be signed by Applicant, Employee or Employing Unit Representative appealing a final determination

I understand that the decision rendered by the Associate Vice Chancellor for Access and Equity will be final and that no other appeal will be available once this decision is rendered. If I am an employee or applicant, I understand that a decision of this Appeal does not preclude me from reapplying in the future with additional or new information.

_________________________________________  __________________________
Signature                        Date