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 Compliance
Office of the Vice Chancellor for Diversity Equity & Inclusion
616 E. Green st. Suite 214, Champaign 61820
Email: diversity@illinois.edu

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): A ________________________________

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)

Unit Name: ____________________________________________________
Supervisor Name: _______________________________________________
Supervisor Email: ___________________ Supervisor Phone Number: _________

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

Unit Name: ____________________________________________________
Supervisor Name: _______________________________________________
Supervisor Email: ___________________ Supervisor Phone Number: _________
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):
________________________________________________________________
________________________________________________________________
________________________________________________________________

Acknowledgement: 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 of Compliance 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 as a decision of this Appeal does not preclude me from reapplying in the future with additional or new information.

______________________________________________________________
Signature

_______________________________
Date