



Appeal a Reasonable Accommodation Finding Form

Instructions:

This form is used by applicants, employees, and employing units appealing a final determination of the Accessibility and Accommodations 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 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
614 E. Daniel St. Suite 303, Champaign IL 61820
Email: accessibility@illinois.edu

Accommodation Information:

Name of Individual Filing Appeal: _____

Appeal by: Applicant Employee Employing Unit

Phone Number: _____ Email: _____

Accessibility Specialist: _____ Accommodation Case #: _____

Date of Division Final Determination: _____

Appealed to Division Director: Yes No

Employing Unit Appeals

(to be completed by unit appealing a final determination)

Unit Name: _____

Supervisor Name: _____

Supervisor Email: _____ Supervisor Phone Number: _____

Employee Appeals

(to be completed by employee 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 Name: _____

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 Division's decision was incorrect:

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 for reapplying in the future with additional or new information.

Signature: _____ Date: _____