

APPEAL OF DENIAL OF ACCOMMODATION REQUEST

To appeal a denial by Human Resources of your Accommodation Request, complete this form and submit all of the following:

- 1) This Appeal form;
- 2) A copy of the Notice of Denial of Job Accommodation Request that you received from Human Resources;
- 3) A copy of your MATC Accommodation Request Form;
- 4) Any medical records and/or other records that you provided to Human Resources for consideration of your request for accommodation; and
- 5) Any other information that you believe should be considered in evaluating your request for accommodation.

Submit these items to the ADA/504 Coordinator within 30 days of the date that your request was denied.

Any and all medical information provided during this process will be kept confidential.

Name: _____

Position: _____

Supervisor: _____

Identify and describe any disability for which you seek accommodation: _____

What type of accommodation are you requesting?

Equipment or machinery

Reader

Interpreter

Modification of Policy (including Leave Policies)

- Accessibility
- Job Restructuring (reallocation of tasks/functions)
- Schedule Modification
- Examinations/Training Materials
- Reassignment
- Other

Describe the accommodation that you are seeking:

What essential function(s) of your current job are you unable to perform due to your disability?

State why you disagree with the determination of Human Resources:

Provide names and contact information for any person whom you would like the ADA/504 Coordinator to contact:

Signature: _____

Date: _____