

## 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](mailto:accessandequity@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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**