



**REASONABLE ACCOMMODATION APPEAL FORM**

CONTACT AND JOB INFORMATION		
Name	Phone Number	Work Phone Number
Email Address	Job Title	
Job Location	Supervisor	
Essential functions of your job		

ACCOMMODATION REQUEST QUESTIONS		
Was medical documentation provided to supervisor regarding limitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your supervisor dispute that you have a disability? Explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What accommodation(s) did you request?		
Supervisor's response?		
Did your supervisor engage in an "interactive dialogue" regarding accommodations or essential functions of your job? Explain		
Did you and your supervisor discuss alternative accommodations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, were they acceptable to you? If not, why not?		
Did the supervisor deny your accommodation request in full or in part? Explain	Full <input type="checkbox"/>	Part <input type="checkbox"/>
Did the supervisor cite "undue burden" as the reason for denial of the accommodation? Explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an accommodation previously in place but has since been removed? Explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>