



ELMIRA
COLLEGE

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APPEAL OF A REASONABLE ACCOMMODATION DETERMINATION

This form is to be used by an Elmira College employee / applicant who wishes to appeal the determination of the employee's / applicant's request for a reasonable accommodation. ALL APPEALS MUST BE RECEIVED BY THE DIRECTOR OF HUMAN RESOURCES within THIRTY (30) DAYS OF THE DATE OF THE NOTIFICATION OF THE INITIAL DETERMINATION.

SECTION I – TO BE COMPLETED BY EMPLOYEE/APPLICANT

Name: _____ Title: _____

Type of Accommodation Requested _____

Date of Reasonable Accommodation Determination: _____

Statement of Appeal (clearly state all grounds for appeal; attach additional sheets as necessary) _____

I am attaching the following additional documentation (do not resubmit any documentation): _____

I affirm that I have reviewed this accommodation appeal and that it is true to the best of my knowledge, information, and belief.

Date: _____ Signature of Employee/Applicant: _____

SECTION II – FOR DEPARTMENT USE

Date Appeal Received:

Date of Acknowledgement:

Disposition of Appeal:

Date of Notification of Disposition: