



State of Illinois
Department of Human Services

APPEAL OF DENIAL OF REASONABLE ACCOMMODATION REQUEST

Employee/Applicant: _____ Date: _____

Date of denial of reasonable accommodation request: _____

Accommodation denied (what was requested?):

Reason for appeal:

Additional supporting information: (attach copies of further medical or supporting information):

Alternative accommodation requested:

Signature

Date

Send appeal to SECRETARY'S OFFICE (attach a copy of the original request and denial)

APPROVED

DENIED

ALTERNATIVE ACCOMMODATION

Comments:

Secretary

Date received

Date of decision