

**Illinois AmeriCorps Disability Outreach Project**  
**APPEAL OF DENIAL OF REASONABLE ACCOMMODATION REQUEST**

Member/ Applicant Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Date of denial of reasonable accommodation request: \_\_\_\_\_

Accommodation that was denied (what was requested?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Alternative accommodation requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member/Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**\* Send appeal to the Serve Illinois Commission Office \***  
**535 W. Jefferson Street, 3<sup>rd</sup> Floor, Springfield, IL 62702**  
**(attach a copy of original request and denial)**

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**SIC OFFICE USE ONLY:**

APPROVED                       DENIED                       ALTERNATIVE ACCOMMODATION

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature:

Date received: \_\_\_\_\_ Date of decision: \_\_\_\_\_