



## Employee Accommodations Appeal Form

Per 5-004 Policy: INTERIM Accessibility and Reasonable Accommodation for Individuals with Disabilities Policy (“ADA Policy”), the University of Florida (“UF”) has adopted the following procedure to address employee appeals specific to accommodations.

Employees should recognize that there are two (2) procedures to address disability-related complaints, depending on the nature of the complaint. Two (2) distinct policies guide the processes noted below:

**ACCOMMODATION:** The ADA Policy provides that UF shall have an interactive process for employee accommodations. This includes establishing a grievance procedure to address employee concerns regarding accommodation determinations. Through this grievance process, an employee may seek a review of decisions related to a denial of a requested accommodation, failure to provide an approved accommodation, or access-related concerns at UF.

**DISCRIMINATION:** This procedure addresses employee complaints alleging harassment or other forms of discrimination based on disability (unrelated to access or accommodation) and all types of employee and third-party disability discrimination complaints. These complaints should be filed directly with the Office of Employee Relations (not through the ADA Office). Discrimination complaints may be emailed to the [Office of Employee Relations](#). Employees may also contact the Office of Employee Relations via phone at (352) 392-1072 or in-person by scheduled appointment.

### INSTRUCTIONS

Use this form if you are an EMPLOYEE and you wish to file an appeal based on one of the following:

- You believe you were wrongfully denied a reasonable accommodation that you requested;
- Your approved accommodations were not reasonably or appropriately implemented; and/or,
- You were denied equal access to one or more of UF’s programs, activities, or opportunities.

If you need assistance completing this form, contact the [ADA Office](#) at 352-294-8720 or TTY 1-800-955-8771.

## Employee Information

Employee Name\*:

Best Phone Contact\*:

UF Email\*:

## Appeal Information

1. What is the nature of your Appeal?\*

- I was wrongfully denied a reasonable accommodation that I requested.
- My approved accommodations were not reasonably or appropriately implemented.
- I was denied equal access to one or more of UF's programs, activities, or opportunities.
- Other

2. If you selected "Other" above, please provide additional details:

3. Name and role of person and/or office involved\*:

4. Please briefly describe what happened (you may also attach a more detailed statement). Include dates and any relevant background and list any forms or documents you may have that support your appeal (these can be uploaded later or provided in hard copy form to the ADA Office).\*

5. What outcome or resolution are you seeking?\*

6. List any other members of the UF community who have been involved:

7. List any members of the ADA Office team who have been involved with this process, so far:

By submitting this form, I\*:

- Agree that the information provided above is, to the best of my knowledge, accurate.

By submitting this form, I\*:

- Agree to participate in the appeal process in good faith.

Select date\*:

Employee's signature\*:

## **Supporting Documentation**

If you have any supporting documentation, please attach as a .pdf or .jpeg file when you submit this form. This could include information to or from UF, any correspondence received, or any other information that supports your appeal. 5GB maximum total size.

**Please provide attachments via email when submitting this form.**