

WEST CENTRAL REGION LOCAL POLICY			
Subject	Issued	Revised	Policy Section
Accommodation Request Appeal	3/30/2011	10/19/2017	Equal Opportunity

*Please complete this form in order to file an appeal regarding the determination for an accommodation. Submit this document directly to the Local Equal Opportunity Officer within 30 days of the original determination along with any supporting documentation. If there is not enough space on this document, attach pages as needed. For questions, please contact the Local Equal Opportunity Officer.*

**Employee Information**

<b>Name:</b>	
<b>Job Title:</b>	
<b>Division:</b>	
<b>Work Location:</b>	
<b>Supervisor's Name:</b>	

**Accommodation Requested:**

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**Appeal Reasons:**

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**I certify that the information that I have provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for my termination.**

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EO CONTACT INFORMATION**

Tara Colter Lappat  
Local Equal Opportunity Officer  
Workforce Development Board of Western Missouri  
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Sedalia, MO 65301

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