

	<b>West Central Region Local Policy</b>	
	<b>Subject:</b> Accommodation Request Appeal	<b>Release Date:</b> 10/19/2017
	<b>Reference:</b>	<b>Revision:</b> 2

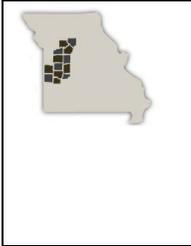
*Please complete this form in order to file an appeal regarding the determination for an accommodation. Submit this document directly to the Local Equal Opportunity Officer within 30 days of the original determination along with any supporting documentation. If there is not enough space on this document,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

**Appeal Reasons:**



<b>West Central Region Local Policy</b>	
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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	
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