



**Section III – Rationale for the Appeal**

Provide a specific rationale for why the denial should be overturned:

List any alternative accommodation(s), which, if granted, would enable you to perform your essential job duties:

Please attach additional pages if more space is needed.

**Section IV –Certification**

I certify that all information in this request is true and correct.

\_\_\_\_\_   
 Print Name of Employee/Applicant

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature of Employee/Applicant

\_\_\_\_\_   
 Email Address

Please forward this appeal form, **with the decision letter/denial received from Risk Management\***, any statements, reports, or other documents which you feel are relevant to your request to:

Office of Student Civil Rights  
[equitycompliance@lausd.net](mailto:equitycompliance@lausd.net)  
 Los Angeles Unified School District  
 333 S. Beaudry Avenue, 18<sup>th</sup> Floor  
 Los Angeles, CA 90017

Telephone: (213) 241-7682 / Fax: (213) 241-3312

**\*This form should be submitted to the Office of Student Civil Rights within 30 (thirty) calendar days of receiving the Reasonable Accommodation Committee decision letter.**

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FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ By \_\_\_\_\_

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