

APPEAL OF REASONABLE ACCOMMODATION COMMITTEE DECISION

Only submit this request within 30 days after you have received the decision from the Reasonable Accommodation Committee

Section I – Employee/Applicant Information		
Employee/Applicant Name		Employee Number
Home Address		Apt#
City	State	Zip Code
Home Phone Number	Work Number	Alternate Number
Please complete the current or most recent employment information:		
School/Section/Office		Region
School/Section/Office Telephone Number	Supervisor’s Name	
Position/Class	Status	
Section II – Accommodations(s) Requested		
List accommodation(s) originally requested/denied by the Reasonable Accommodation Committee: Select the date of denial letter		
<p>List the essential duties impacted (you have difficulty performing) by your disability. You may visit the Personnel Commission website to locate and view the essential duties of your job by clicking this link Index of Job Class Descriptions:</p>		

Please attach additional pages if more space is needed.

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
 Los Angeles Unified School District
 333 S. Beaudry Avenue, 18th 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.**

FOR OFFICE USE ONLY: Date Received _____ By _____
