USF ADA Appeal Request Form

Denied accommodation(s) requests may be appealed in writing by an employee to the Chief Human Resources Officer or designee. Such appeals must be filed within thirty (30) calendar days of the employee's receipt of the denial of the accommodations(s) request.

Individual circumstances related to medical leave(s) and/or work-related injuries may need to be addressed outside the scope of this appeal process and should be directed to the Employment ADA Coordinator.

Instructions to Employee – Complete, sign/date, and submit this form to Central Human Resources with attached document(s) within 30 calendar days after the ADA Determination has been provided to you. Email to employee-relations@usf.edu.

Employee Name:	_____	Employee ID#:	_____
Job Title:	_____	Work Phone:	_____
Email Address:	_____	Alt. Email Address:	_____
Address:	_____	Mailing Address:	_____
	_____		_____
Supervisor:	_____	Supervisor Phone:	_____

Please describe why you believe the original decision was incorrect (Attach additional sheets if necessary):

Attach the following with this form:

1. The ADA Determination letter provided to you by the Employment ADA Lead
2. Other documents to support your case/appeal

Signature of Employee: _____ Date Signed: _____

Your Appeal Request will be reviewed by the Chief Human Resources Officer (CHRO). You will receive written determination upon completion of the CHRO's review.

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