



## Wylie Independent School District

### APPEAL OF A REASONABLE ACCOMMODATION DETERMINATION

This form is to be used by a Wylie ISD's employee / applicant who wishes to appeal the determination of the employee's / applicant's request for a reasonable accommodation.

**ALL APPEALS MUST BE RECEIVED BY THE WYLIE ISD RISK MANAGER WITHIN TEN (10) BUSINESS DAYS OF THE DATE OF NOTIFICATION OF THE INITIAL DETERMINATION.**

Please submit a copy of your appeal to the Risk Manager at [riskmanagement@wylieisd.net](mailto:riskmanagement@wylieisd.net)

**INSTRUCTIONS:** The employee/applicant should complete Section I of this form and forward it in an envelope marked "Confidential" to Risk Manager.

#### SECTION I – TO BE COMPLETED BY EMPLOYEE / APPLICANT

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Type of Accommodation Requested:

Date of Reasonable Accommodation Determination: \_\_\_\_\_

Statement of Appeal (clearly state all grounds for appeal; attach additional sheets as necessary):

I am attaching the following additional documentation (do not resubmit any documentation):

I affirm that I have reviewed this accommodation appeal and that it is true to the best of my knowledge, information and belief.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Employee / Applicant

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#### SECTION II – FOR RISK MANAGEMENT USE ONLY

Date Appeal Received: \_\_\_\_\_

Date of Acknowledgement: \_\_\_\_\_

Disposition of Appeal: \_\_\_\_\_

Date of Notification of Disposition: \_\_\_\_\_