



DCN: 1.04.07

PAID 1-00, APPENDIX C
EMSC OGP 110-04
November 20, 2000

**APPEAL OF A REASONABLE
ACCOMMODATION DETERMINATION**

This form is to be used by a Fire Department employee with a disability as defined in Section 3.1 of the Fire Department's Employee Reasonable Accommodation Policy to appeal the determination of the employee's request for a reasonable accommodation, as provided in Section 4.7 of the Employee Reasonable Accommodation Policy. **ALL APPEALS MUST BE RECEIVED BY THE FIRE DEPARTMENT'S EQUAL EMPLOYMENT OPPORTUNITY OFFICE WITHIN TWENTY (20) DAYS OF THE DATE OF NOTIFICATION OF THE DETERMINATION THAT IS BEING APPEALED.**

INSTRUCTIONS: The employee should complete Section I of this form and forward it in an envelope marked "Confidential" to Equal Employment Opportunity (EEO) Office, Fire Department Headquarters, 9 MetroTech Center, Room 1S-3, Brooklyn, NY 11201-3857.

SECTION I – TO BE COMPLETED BY EMPLOYEE

Name: _____

EEO Intake Number: _____

Date of Reasonable Accommodation Determination: _____

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

CONTINUED ON REVERSE

APPEAL OF A REASONABLE ACCOMMODATION

SECTION I – TO BE COMPLETED BY EMPLOYEE (CONTINUED)

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

_____ Date

_____ Signature of Employee

SECTION II – FOR DEPARTMENT USE

Date Appeal Received: _____
Date of Acknowledgement: _____
Disposition of Appeal: _____
Date of Notification of Disposition: _____