

Section III – Alternative/Additional Suggestions for Accommodation

List any alternative suggestions for an accommodation, which, if granted, would enable you to perform the essential duties of your job:

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 _____

Initial here if you wish to personally address the committee who will consider your appeal: _____

Please forward this appeal form, along with any letters, statements, reports, or other documents which you feel are relevant to your requested accommodation(s) and appeal to:

Education Equity Compliance Office
Los Angeles Unified School District
333 S. Beaudry Avenue, 20th Floor
Los Angeles, CA 90017

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

This form should be submitted to the Educational Equity Compliance Office within 30 (thirty) calendar days of the date of receipt of the Reasonable Accommodation Committee decision letter.

FOR OFFICE USE ONLY: Date Received _____ By _____