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Accommodation Appeal Form

Please complete this form in order to file an appeal regarding the determination for an accommodation. Submit this document within 30 days of the original determination along with any supporting documentation. If there is not enough space on this document, attach pages as needed.

Employee Information

Name:	
Job Title:	
Division:	
Work Location:	
Supervisor's Name:	

Accommodation Requested:

Appeal Reasons:

I certify that the information that I have provided is true and accurate to the best of my knowledge. I understand that any misrepresentation may be cause for my termination.

Employee Name (Please print)

Work Telephone

Signature

Date

Submit your Accommodation Appeal to:
Gretchen Morse
President/COO
Southeast Workforce Development Board
1021 Kingsway Dr, Suite 1
Cape Girardeau, Mo 63701
Phone: (573) 334-0990
Email: gmorse@job4you.org