



ST. CLOUD STATE
U N I V E R S I T Y

ADA Accommodation Appeal Form

Employee First and Last Name: _____

Date of initial accommodation request: _____

Date of Outcome: _____

Accommodation Requested by Employee:

Accommodation Offered by HR:

Basis for Appeal:

Employee Signature

Date

- Attach any additional documentation related to this request, which was not originally submitted as part of the accommodation request.
- Print the completed form, sign and date, and submit to the SCSU Office for Institutional Equity and Access.
- Submit to OEA via email, oea@stcloudstate.edu, or in person at 121 Administrative Services.