



APPEAL OF A REASONABLE ACCOMMODATION DETERMINATION

This form is to be used by a Fire Department 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 FIRE COMMISSIONER WITHIN TWENTY (20) DAYS OF THE DATE OF NOTIFICATION OF THE INITIAL DETERMINATION. Please submit a copy of your appeal to the EEO Office.**

INSTRUCTIONS: The employee/applicant 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, Suite 4E-1, Brooklyn, NY 11201-3857.

SECTION I – TO BE COMPLETED BY EMPLOYEE / APPLICANT

Name: _____

EEO Intake /File Number: _____

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

SECTION II – FOR DEPARTMENT USE

Date Appeal Received: _____

Date of Acknowledgement: _____

Disposition of Appeal: _____

Date of Notification of Disposition: _____