



**COOK COUNTY SHERIFF'S OFFICE**

**AMERICANS WITH DISABILITIES ACT (ADA) REASONABLE ACCOMMODATION - APPEAL**

**TO BE COMPLETED BY EMPLOYEE / APPLICANT**

EMPLOYEE NAME (Last, First, M.I.)		JDE NUMBER:	DATE OF APPEAL:
DEPARTMENT/LOCATION:	SHIFT:	LOCATION:	

**PLEASE ATTACH COPIES OF THE ORIGINAL AMERICANS WITH DISABILITIES ACT (ADA) REASONABLE ACCOMMODATIONS - REQUEST**

**REASON FOR ACCOMODATION(S)**

**Director of Personnel/Designee response:**

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**Reason for Appeal:**

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**Has the Cook County Medical Unit released you to Return to Work with Specified Restrictions?**

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**Please describe the remedy sought:**

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**PLEASE ATTACH ANY SUPPORTING DOCUMENTATION**

EMPLOYEE'S SIGNATURE:	DATE:
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**LEGAL AND LABOR AFFAIRS APPEAL DECISION:**

- SUSTAINED
- OVERRULED

**Explanation of Decision:**

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GENERAL COUNSEL/DESIGNEE:	SIGNATURE:	DATE:
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DATE EMPLOYEE INFORMED OF DECISION:	METHOD OF NOTIFICATION:
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**RETURN TO:**

Cook County Sheriff's Legal and Labor Affairs  
 Richard J. Daley Center – Suite 704  
 50 W. Washington, Chicago, Illinois 60602