OLD DOMINION UNIVERSITY

RETURN TO CAMPUS APPEAL FORM

Employee's Full Name:		UIN:
Job Title:		Department:
	_// <u>2020.</u> It is my desire	ave been designated to report to my normal to appeal this action for the following reason(s).
Personal health conce		·bboor abbour roducer.
Childcare difficulties		
Care for a family mem	ber affected by COVID - 19	
Other - Please specify	, /	
		/ /2020
Employee's Signature		Date of Appeal
(Attach additional documentation and/or written statement to support your appeal of the return to campus directive established by the department.)		
Date of Appeal to 1st Responder	1st Responder's Decision & R	Reason: (Check One) ApprovedDenied
//2020		// <u>/2020</u>
	Signature	Date
Date of Appeal to 2 nd Responder	2 nd Responder's Decision &	Reason: (Check One) Approved Denied
	Signature	Date
Date of Appeal to 3rd Responder	3 rd Responder's Decision & I	Reason: (Check One) Approved Denied
/ <u>/2020</u>	Signature	// <u>2020</u> Date

APPEALS REVIEW ACTION PROGRESSION

It will be the responsibility of the employee to submit and progress the appeal in the following steps:

1st Step Respondent: Immediate Supervisor

2nd Step Respondent: Dean/Director, or unit Head Equivalent

3rd Step Respondent: Vice President or Divisional Equivalent