

COVID 19 Reasonable Accommodations Request Form

Name: _____

Date: _____

Location: _____

Position: _____

To submit a COVID 19 Reasonable Accommodation Form the employee must complete questions 1 - 4. Individuals who have a medical condition that falls under the CDC category of "might be at increased risk"¹ must also attach the Health Care Provider Form.

1. What, if any, job duties are you having difficulty performing?

2. What limitation is interfering with your ability to perform your job or access an employment benefit?

3. What specific accommodation(s) are you requesting?

4. Have you had any accommodations in the past for this same limitation? Yes, No

If yes, what were they and how effective were they?

Please provide any additional information that might be useful in processing your accommodation request:

Employee Signature: _____

Date: _____

Date Reasonable Accommodations Request Began: _____

Duration of Reasonable Accommodations Request: _____

¹ Might be at increased risk includes: Asthma (moderate-to-severe), Cerebrovascular disease (affects blood vessels and blood supply to the brain), Cystic fibrosis, Hypertension or high blood pressure, Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines, Neurologic conditions, such as dementia, Liver disease, Pregnancy, Pulmonary fibrosis (having damaged or scarred lung tissues), Smoking, Thalassemia (a type of blood disorder), Type 1 diabetes mellitus