

Appendix F: COVID-19 Work Accommodation Request

Employees at higher risk of severe illness from COVID-19 may request a temporary accommodation due to the potential threat of exposure to COVID-19 in the workplace. Generally, only those underlying conditions identified by the Centers for Disease Control (“CDC”) as conditions which put people at increased risk will be considered. Conditions listed by the CDC as “possibly” causing an increased risk will generally not be considered. This request must be submitted to Human Resources. In any instance where a temporary accommodation is granted, the employee must be able to perform the essential functions of their job, and the request must not impose an undue hardship on the institution or the department.

Based on the request and supporting documentation, Human Resources will work with the employee and/or supervisor to determine if there is an effective temporary work accommodation that will allow the employee to perform his/her job duties.

Any accommodation that is approved shall be approved on a temporary basis only and shall last only as long as a public health disaster shall exist, or until the College, in its discretion, determines that the accommodation will be removed. The allowance of a temporary work accommodation due to pandemic does not alter the essential functions of the employee’s job, and is not an admission or agreement that the accommodation granted is a feasible accommodation outside of this particular pandemic circumstance.

Employee Name: _____ Employee Title: _____

Supervisor Name: _____ Department: _____

Requested Start Date: _____ Requested End Date: _____

I am requesting an accommodation because (please select one):

- I am an employee who has a disability and exposure to COVID-19 puts me at a greater health risk.** Documentation from a healthcare provider is required to verify that this accommodation request is necessary.
- I am an employee who has an underlying health condition and exposure to COVID-19 would put me at a greater health risk.** Documentation from a healthcare provider is required to verify that this accommodation request is necessary.
- I am requesting a work accommodation based on a reason that is not presented above. State reason here:

I attest that the above information is accurate and complete to the best of my knowledge. I understand that falsification of any information provided on this document and/or any of its supporting documentation may lead to disciplinary action. Further, I understand that submission of this request, does not take the place of an approval. Human Resources will review the request and provide a response within a reasonably prompt time.

Employee Signature

Date