



# Accommodation Request for Employees of Higher Risk of COVID-19 Infection

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Request Date: \_\_\_\_\_ Date of Return: \_\_\_\_\_

## Type of Request

\_\_\_\_\_ I have a medical condition that puts me at a higher risk of COVID-19 infection. I will provide HR with medical documentation of risk factor (unless age is the factor).

\_\_\_\_\_ A member of my household has a medical condition that puts them at a higher risk of COVID-19 infection. I will provide HR with medical documentation of risk factor (unless age is the factor).

### According to the CDC, the below are listed higher risk conditions:

- |  |  |
|--|--|
| Older adults (aged 65 years and older) | Serious heart conditions                           |
| People with HIV                        | Chronic kidney disease being treated with dialysis |
| Asthma (moderate-to-severe)            | Severe Obesity                                     |
| Chronic lung disease                   | Being immunocompromised                            |
| Diabetes                               |  |

## Accommodation request (please state the accommodation needed):

## Acknowledgement

I understand that I need to provide documentation for my higher risk factor to the Human Resources Department (unless age is the factor).

\_\_\_\_\_ Documentation is attached

\_\_\_\_\_ Age is the risk factor in which I'm requesting accommodation, no further documentation attached.

I understand that Human Resources will evaluate my request and notify me whether my request has been approved or denied. If an accommodation involves the use of FMLA (Family Medical Leave Act) additional paperwork may be required.

My signature affirms that I have been truthful in my request for an accommodation due to my higher risk factor. I understand that falsification of information may lead to disciplinary action, up to and including termination.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Approvals

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

AVP of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_