

## ACCOMMODATION REQUEST FORM FOR COVID-19

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Position Title \_\_\_\_\_

### A. Questions to clarify accommodation requested. (Please attach additional pages if needed)

Do you, or someone with whom you reside, have a serious chronic medical condition(s) which creates greater risk for complications related to COVID-19? If yes, please confirm diagnosis and any treatment underway. If no, skip to next question.

Are you over the age of 65, and requesting an accommodation because your age puts you at greater risk for COVID-19-related complications?

Are you requesting to work remotely as your accommodation?

Is there another accommodation which you are requesting? If yes, please detail below.

### B. Questions regarding job duties, functions & accessibility. (Please attach additional pages if needed)

Provide a description of your current job duties.

What job duties do you perceive could be performed from home and how?

Do you have ,secure internet access and equipment necessary to perform your job from home? Please specify below:

### C. Certification and Signature

I certify that the information provided is true and accurate, and that I have submitted medical documentation to support my request, in the case of an underlying medical condition..

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature

Notes for HR Use Only: