

REASONABLE ACCOMMODATION REQUEST FORM FOR COVID-19

Name: _____ ID Number: _____

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

What serious chronic medical condition(s) have you been diagnosed with by your physician and how do you believe the condition(s) will impact your ability to perform your job functions on campus?

What specific accommodation(s) are you requesting?

What is the name, address and phone number of your treating physician?

What is the date of your last examination/visit with this physician?

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 (be very detailed)?

Do you have VPN access, 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.

Signature

Date of Request

Notes for HR Use Only:

DISCLOSURE INFORMATION REGARDING GINA TITLE II:

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

‘Genetic information’ as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”