



Faculty and Staff Reasonable Accommodation Request Form

(Families First Coronavirus Response Act)

QUESTIONS TO HELP DETERMINE WHETHER AN EMPLOYEE IS AT RISK DUE TO COVID-19

As defined in Executive Order 20-29, certain individuals have a higher risk of severe illness if they were to contract COVID-19 due to underlying medical conditions. A "high-risk individual" is defined as someone with underlying medical conditions, including, chronic lung disease, asthma, heart conditions, severe obesity, chronic kidney disease, liver disease, or someone who is otherwise immunocompromised. Employees with any of these factors must notify their agency that they are within the at-risk/high-risk population and may be required to provide additional information to verify their claim.

Employee Name: _____

Does the employee have an high risk condition? Yes No

What is the condition? _____

Is the condition long-term or permanent? Yes No

If not permanent, how long will the impairment likely last? _____

Does the impairment affect a major life activity? Yes No

If yes, what major life activity(s) is/are affected?

- Grid of checkboxes for life activities: Caring For Self, Walking, Hearing, Lifting, Sitting, Working, Interacting with Others, Standing, Seeing, Sleeping, Breathing, Speaking, Performing Manual Tasks, Reaching, Thinking, Learning, Concentrating, Others (Please Describe): _____

Is the employee substantially limited in one or more of these major life activities? Yes No

QUESTIONS TO HELP DETERMINE EFFECTIVE ACCOMMODATION OPTIONS.

If an employee has a impairment and needs an accommodation because of the condition, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations? If so, what are they?

How would your suggestions improve the employee's job performance? _____

Additional Comments: _____

Signature

Date

Print Name, Title and Professional Credentials

Street Address

City, State and Zip