

COVID -19 Accommodation Request Form

Please complete and submit to Human Resources for further consideration.

Employees unable to report to work due to their own or a family member's COVID-19 illness will have use of any accrued Extended Sick Leave (ESL). The prerequisite of using 3 PTO days before ESL is used will be waived. Unpaid leave will be allowed once all ESL and/or PTO accruals have been exhausted.

Employee Name:	Employee ID Number:	Date:
Title:	Supervisor:	Department:
Leave Start Date:	Leave End Date:	

I AM REQUESTING AN ACCOMMODATION FOR THE FOLLOWING REASON:

- I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.
Name of the government entity issuing the order:
- I have been **advised by a health care provider to limit my exposure** because of concerns related to COVID-19. *Please provide supporting documentation from your health care provider or appropriate health agency.*
Name of the advising healthcare provider:
- I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.
- I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19. *Please provide supporting documentation from your health care provider or appropriate health agency.*
Name of person I am caring for and our relationship:
- I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.

Name of closed school(s) or place(s) of care:

Please describe the accommodation you are seeking:

I understand that it may be necessary for the information associated with my request to be shared with my supervisor and vice president in order to fairly evaluate its merit. I certify that the above information is truthful and understand that misrepresenting my need for an accommodation is grounds for discipline, up to and including termination.

Employee Signature: _____

If signing electronically, please type your full name, followed by "e-signed."