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**HIGH-RISK EMPLOYEE ACCOMMODATION REQUEST FORM**

**\*\*\*Confidential Personnel Document\*\*\***

Employee Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby verify:

I am an individual who falls into one of the high-risk categories as defined by the U.S. Centers for Disease Control (CDC):

Age 65+

Other underlying health condition as defined by the CDC

I am requesting:

Work at an alternate location (human resources will reach out to you to discuss options). If you have a suggested location, please identify it here:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telework (human resources will reach out to you to discuss options for work to perform remotely).

Leave for the following dates      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please work with human resources if you need assistance with leave options under State or Federal law).

Documentation to provide to Employment Security Department regarding lack of work in order to apply for benefits.

The name of my treating health care provider (if applicable) is:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please note: you will not be asked to request medical documentation from your health care provider).

I affirm that the foregoing is true and correct, and I understand that any misrepresentations provided as a basis for this request will be a basis for potential disciplinary action.

Date:      \_\_\_\_\_\_\_\_\_

Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4/17/20 tm