

COLUMBUS STATE

COMMUNITY COLLEGE

Request for Temporary Reasonable Accommodation (COVID-19)

This form is used to initiate a request for a *temporary reasonable* accommodation related to the COVID-19 pandemic under guidance from the Equal Employment Opportunities Commission (EEOC) and the Americans with Disabilities Act and its Amendments (ADA/ADAAA) with the purpose of supporting the employee in performing the essential functions of their job. **Please complete and return this signed request to the Office of Equity and Compliance, ATTN: Michael Hicks via email to mhicks25@csc.edu. Once submitted, you may be contacted for additional information.**

Employee or Applicant Information

Name: _____ CID #: _____ CSCC Office Extension: _____

Primary Phone Number: (____) _____ - _____ Email address: _____@csc.edu

Job Title: _____ Department: _____

Name, Address, Phone & Fax of Healthcare Provider(s) treating you for this underlying condition:

Disability and Accommodation Information – Please provide the following information. Use additional pages or provide documentation as needed.

1. The Centers for Disease Control and Prevention (CDC) issued criteria identifying people who are at higher risk for severe illness from coronavirus. Identify your underlying condition(s) that, if infected with coronavirus, might increase your risk for serious complications from COVID-19.
2. Specify the accommodation(s) you are requesting to reduce the risk of infection, and how it will allow you to perform the essential functions of your job?
3. Have you had any accommodations in the past for this same medical condition unrelated to COVID-19 either through the Office of Equity and Compliance or another employer?

Yes _____ No _____ If yes, please provide details of past accommodations.

OFFICE OF EQUITY AND COMPLIANCE

COLUMBUS STATE

COMMUNITY COLLEGE

4. Describe your typical work environment (e.g., student facing/open spaces, office with a door, cubicle, generally with or without others nearby, etc.).

Acknowledgment

I, _____, certify that the above information is true and correct and accurately reflects the condition for which I am making a request for a temporary reasonable accommodation.

Temporary accommodations may be reviewed, modified and/or revoked at the discretion of the Office of Equity and Compliance with adequate notice to the employee.

I understand that I may need to complete an **Authorization for the Release or Use of Protected Health Information (PHI)** and provide a Medical Certification Statement(s) to Columbus State Community College for my request to be evaluated. I further understand that a representative of Columbus State will evaluate and respond to me based upon the information that I provide.

The health information that is collected and discussed will be treated with confidentiality. However, directly relevant information may be shared with others who need to know to address work restrictions and/or accommodations in order to make decisions or provide advice on matters relating to my request for reasonable accommodations. Disclosure of “directly relevant information” means information will be shared on a need to know basis and will be limited to my functional limitations or restrictions that substantially impact my ability to perform essential job functions and my healthcare provider’s recommendations for accommodation(s) and will exclude diagnosis and treatment planning.

Signature

Date

OFFICE OF EQUITY AND COMPLIANCE