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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