

Accommodation request for COVID-19 risk, fall 2021

The university is currently accepting accommodation requests for the fall 2021 semester. Given the changing public health situation, accommodation requests are being processed on a semester-by-semester basis, with the possibility of renewal for future semesters if appropriate. We may request updated medical documentation to support a renewal request. ASU reserves the right to alter or amend an accommodation at any time if they prove to be ineffective or unduly burdensome.

This letter includes forms to request a workplace accommodation based on an underlying medical condition that can make you more likely to get severely ill from COVID-19.

The information you provide allows the Office of Diversity, Equity and Inclusion to evaluate your accommodation request. All requests require the completion of a medical inquiry form. Any medical information obtained by HR is maintained confidentially. Medical documentation provided to HR as part of the accommodation process is not shared with your supervisor. Additionally, HR will not share information regarding a specific diagnosis.

The medical inquiry form does require your medical provider to issue recommended accommodations necessary to permit you to perform your job duties. Be prepared to discuss your job duties with your medical provider so that they can recommend appropriate accommodations.

Each accommodation is evaluated individually based on the information provided, the university's needs and the then-existing public health situation. The university may also consider or offer reasonable accommodations other than those you have requested.

Please submit the completed documentation to equityandinclusion@asu.edu or via confidential eFax at 480-237-7998.

Please contact the Office of Diversity, Equity and Inclusion for inquiries. We hope you stay well and have a good semester. Thank you for your cooperation during these challenging times.



Part 1: Completed by the employee

COVID-19 workplace accommodation request for staff

Provide the following information to request a workplace accommodation due to an underlying medical condition that can make you more likely to get severely ill from COVID-19.

Employee name:
Employee ID:
Employee phone:
Employee email:
Position title:
Department or unit:
Supervisor:
1. Has your supervisor indicated a return to on-site work date for you or your department? Yes No If yes, what is the date? 2. Please provide information regarding the proposed return to on-site work schedule for your department.
Examples: work on-site three days a week, remote two days; work on-site five days a week.
3. Did you receive an accommodation during fall 2020 or spring 2021?
Yes No
If yes, what was the accommodation?
4. I am more likely to get severely ill from COVID-19 due to at least one of the following factors below. Check all that apply and provide details:
Underlying health condition:
Age:

All requests require the completion of a medical inquiry form. Limited information from a medical provider about the nature and severity of the medical condition may result in process delays or denial of the request.

Direct accommodation requests unrelated to an employee's health condition to your supervisor or human resources representative. Examples include being a risk to others in your household, childcare or other caregiving responsibilities. These requests do not go through the ADA process managed by the Office of Diversity, Equity and Inclusion.

Employee name:



The	will maintain the community of care requirements in fall 2021 focurrent community of care requirements is available here . Special on public health guidance in place at that time.			
Wha	t accommodation are you requesting for fall 2021 to address you	ur personal risks?		
	Additional personal protective equipment			
	Modified office location or setting			
	Modified work schedule Adjusted arrival or departure times, periodic breaks, reduced FTE			
	Hybrid work schedule Work schedule divided between onsite and remote			
	Remote work			
	Other			
i eviewi	ng your request.			
By submitting this form, I acknowledge that I am requesting a reasonable accommodation due to my risks from COVID-19. I agree to fully cooperate in responding to my request, which includes providing appropriate medical documentation to determine my eligibility. I understand that I may not be provided with the specific accommodation that I have requested. ASU reserves the right to alter or amend the accommodation at any time if they prove to be ineffective or unduly burdensome.				
Emplo	/ee signature	Date		

Please return the completed form to $\underline{\text{equityandinclusion@asu.edu}} \text{ or via confidential eFax at}$

480-237-7998. Call our office at 480-727-1770 for inquiries.



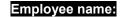
Medical inquiry form

Staff workplace accommodation request for increased risk from COVID-19.

Part 2: Completed by health care provider:

The employee named above **may be more likely** to get severely ill from COVID-19 because of the following <u>underlying medical condition</u>. Check all that apply.

People	of any age with the following conditions may be more	ikely to	get se	verely ill from COVID-19:	
-	ancer			Liver disease	
CI	hronic kidney disease			Neurologic conditions, such as dementia	
CI	hronic lung diseases			Obesity - body mass index of 30 or higher*	
Di	iabetes (type 1 or 2)			Pregnancy*	
D	own syndrome			Sickle cell disease or thalassemia	
	eart conditions, such as heart failure, coronary artery sease, or cardiomyopathies			Smoking*	
H	IV infection			Stroke or cerebrovascular disease	
fro im	nmunocompromised state; weakened immune system om solid organ, blood or bone marrow transplant, nmune deficiencies, prolonged use of corticosteroids other immune weakening medicines			Substance use disorders*	
A	ge*:				
	ther. Explain how and why the employee is at increase	d risk	of seve	re illness from COVID-19	
* 0 1141					
				ne, may not qualify an employee as eligible for an accommodatio edical provider must certify the presence of a medical condition.	
	nmodations:	141		-l- 4 the minks of OOV/ID 40 within	
	a State University has implemented <u>public he</u> mpus community. COVID-19 protocols will r				
	health guidance available at that time.	eman	пшр	lace for fail 2021 Semesters, pased on the	
public	nealth guidance available at that time.				
1. Considering the public health protocols adopted by the university, does the employee require additional accommodation to perform the essential functions of their position?					
Yes	No L				
ı£					
ir ye	s, what is the requested accommodation?				
	Additional personal protective equipment				
	NA - difficulty of the state of				
	Modified office location or setting				
一	Modified work schedule				
	Adjusted arrival or departure times, periodic bre	aks, re	educe	1	
	FTÉ.	•			
	The desired consists and the second				
	Hybrid work schedule Work schedule divided between onsite and rem	oto			
	Work schedule divided between onsite and fem	ole.			
	Remote work				
	Other				





Please provide any additional explanation or details regarding the specific accommodation requested.

Note: The university will explore other possible accommodations, and through this process, the employee may be presented with alternative accommodations other than the one requested.						
2. How long will this accommodation be needed?						
3. If the suggested accommodation is remote work or telecommuting, please describe why the employee cannot work onsite with either the university's public health protocols or additional accommodations?						
4. All ASU employees are eligible for COVID-19 vaccination under category 1B, and the university is currently working with public health officials to make vaccination available to all employees. Please answer all questions in this section, incomplete documentation may delay processing or result in the denial of a request.						
a. Has the employee received the COVID-19 vaccine?						
Yes No						
If no, is the employee medically eligible for vaccination?						
Yes No						
b. If the employee were vaccinated, would the vaccination address their accommodation needs?						
Yes No No If no, please explain what additional accommodation would be needed and why?						
ii no, please explain what additional accommodation would be needed and why:						
5. Is there any other information about the employee's medical condition that would help evaluate the accommodation request?						
Medical professional signature D	Pate					
Medical professional printed name	Practice specialty					

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