

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.

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.

Part 1: Completed by the employee

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.

5. ASU will maintain the community of care requirements in fall 2021 for all employees and students. The current community of care requirements is available [here](#). Specific requirements for fall will be based on public health guidance in place at that time.

What accommodation are you requesting for fall 2021 to address your personal risks?

<input type="checkbox"/>	Additional personal protective equipment
<input type="checkbox"/>	Modified office location or setting
<input type="checkbox"/>	Modified work schedule Adjusted arrival or departure times, periodic breaks, reduced FTE
<input type="checkbox"/>	Hybrid work schedule Work schedule divided between onsite and remote
<input type="checkbox"/>	Remote work
<input type="checkbox"/>	Other

Please provide any additional specifics about the accommodation you are requesting that will assist in reviewing 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.

Employee signature

Date

Please return the completed form to equityandinclusion@asu.edu 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 underlying medical condition. Check all that apply.

People of any age with the following conditions may be more likely to get severely ill from COVID-19:	
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Chronic kidney disease
<input type="checkbox"/>	Chronic lung diseases
<input type="checkbox"/>	Diabetes (type 1 or 2)
<input type="checkbox"/>	Down syndrome
<input type="checkbox"/>	Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
<input type="checkbox"/>	HIV infection
<input type="checkbox"/>	Immunocompromised state; weakened immune system from solid organ, blood or bone marrow transplant, immune deficiencies, prolonged use of corticosteroids or other immune weakening medicines
<input type="checkbox"/>	Liver disease
<input type="checkbox"/>	Neurologic conditions, such as dementia
<input type="checkbox"/>	Obesity - body mass index of 30 or higher*
<input type="checkbox"/>	Pregnancy*
<input type="checkbox"/>	Sickle cell disease or thalassemia
<input type="checkbox"/>	Smoking*
<input type="checkbox"/>	Stroke or cerebrovascular disease
<input type="checkbox"/>	Substance use disorders*

<input type="checkbox"/>	Age*: _____
<input type="checkbox"/>	Other. Explain how and why the employee is at increased risk of severe illness from COVID-19:

* Conditions such as age, obesity, pregnancy, smoking or substance use disorders, alone, may not qualify an employee as eligible for an accommodation under the ADA. If submitting a request based on these conditions, information from a medical provider must certify the presence of a medical condition.

Accommodations:

Arizona State University has implemented public health protocols to manage the risks of COVID-19 within the campus community. COVID-19 protocols will remain in place for fall 2021 semesters, based on the public health 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

If yes, what is the requested accommodation?

<input type="checkbox"/>	Additional personal protective equipment
<input type="checkbox"/>	Modified office location or setting
<input type="checkbox"/>	Modified work schedule Adjusted arrival or departure times, periodic breaks, reduced FTE.
<input type="checkbox"/>	Hybrid work schedule Work schedule divided between onsite and remote.
<input type="checkbox"/>	Remote work
<input type="checkbox"/>	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

If 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

Date

Medical professional printed name

Practice specialty

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