



Request for Workplace Accommodations Related to COVID-19

Instructions: Complete this form and return to HR by email (HR@urbanailinois.us).

Name: _____ Job Title: _____

Department: _____ Supervisor: _____

Accommodations will be considered for the following reasons:

- You have an underlying condition that, if infected with COVID-19, would lead to serious complications, according to the CDC. Conditions identified as possibly being associated with a higher risk for developing serious complications include heart disease, diabetes, lung disease or asthma, a weakened immune system, kidney disease, cirrhosis, etc.
- You have other risk factors that have been identified as having a higher risk for developing complications if infected with COVID-19, according to the CDC. These factors include age (people 65 years and older) and pregnancy.

**Please note that only an employee's own risk factors will be considered for a workplace accommodation request. If you are considering making a request because of someone else's risk factors (e.g., spouse, significant other, child, etc.), please speak with your supervisor about other leave options that may be available.*

NATURE OF THE QUALIFYING CONDITION: (Please describe the nature of your condition that you believe qualifies you for an accommodation):

REQUESTED/SUGGESTED ACCOMMODATION: (Please describe the accommodations you believe are needed to enable you to perform the essential functions of this job.)

Signature: _____ **Date:** _____

[To signatory: In non-physician review cases, decisions regarding accommodations will be made within 10 days of the receipt of this form by Human Resources. Due to delays that may be caused in communications with physicians, no specific decision date can be provided for physician review cases.]