

Employee Request for  
Temporary COVID-19 Accommodation

**Introduction:** This form provides an avenue for employees seeking temporary accommodations due to the current COVID-19 pandemic.

**I – COVID-19:** During the current global pandemic related to COVID-19, employees who are at increased risk of severe illness as a result of COVID-19 may request accommodations to mitigate that risk. Based upon available information to date, those at high-risk for severe illness from COVID-19 include people with one or more of the following conditions: 65 years and older; chronic lung disease or moderate to severe asthma; serious heart conditions; immunocompromised; obesity (body mass index [BMI] of 30 or higher); diabetes; chronic kidney disease undergoing dialysis; liver disease. Please check the [CDC website](#) for the latest information about high-risk categories. Employees should use **Section I** of this form to indicate how they are at increased risk and what accommodations they request to mitigate that risk.

**Instructions:** Please complete this form and submit it to the Janet Hazelton, Director of Human Resources, who may discuss the requested accommodation and its feasibility with your supervisor. Please attach additional paper if more space is needed. You may be asked additional questions to clarify the nature of your condition and its limitations, the reasonable accommodation you are seeking, and related issues. Please contact Janet Hazelton, Director of Human Resources at (802) 468-1207 with any questions.

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Work Site \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Request \_\_\_\_\_

**Section I – COVID-19 Temporary Accommodation:**

1. Please provide details about the essential functions of your job.

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2. Are you requesting a temporary accommodation because you are 65 years old or older and therefore at high risk as defined by the CDC? (circle one)      **YES**      **NO**

3. If not due to age, what is the underlying condition for which you are requesting a temporary accommodation?

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|--|---|
| <input type="checkbox"/> Chronic kidney disease undergoing dialysis  | <input type="checkbox"/> Sickle cell disease  |
| <input type="checkbox"/> COPD (chronic obstructive pulmonary disease)  | <input type="checkbox"/> Type 2 Diabetes  |
| <input type="checkbox"/> Immunocompromised   | <input type="checkbox"/> Household member with a condition at high risk for serious illness |
| <input type="checkbox"/> Obesity (BMI $\geq$ 30)   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies | _____   |

4. Are you concerned about your standard teaching location facility/space? (circle one)  
**YES**      **NO**

5. Is your condition (circle one): temporary, permanent, or unknown?

- If the condition is temporary, what is the anticipated end date of the need for the accommodation(s)? \_\_\_\_\_

In submitting and signing this form, I acknowledge that I am requesting a reasonable or temporary accommodation. I agree to fully cooperate with Castleton University in responding to my request, including providing the appropriate medical documentation, if needed. I understand that I may not be provided with the specific accommodation that I have requested. I verify that the above information is complete and accurate to the best of my knowledge.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_