

**UNIVERSITY OF MONTEVALLO**  
**COVID-19 REASONABLE ACCOMMODATION REQUEST FORM**  
**FALL SEMESTER 2020**  
**FOR FACULTY AND STAFF**

For University of Montevallo Faculty and Staff

The University of Montevallo's response to the COVID-19 pandemic is designed to sustain our important mission of delivering high-quality education while maintaining the health and safety of our faculty, staff, and students.

Employees whose age or health condition falls within one of the High Risk Categories as defined by the Centers for Disease Control (CDC) or those who have other special circumstances may seek a workplace adjustment through the reasonable accommodation process by utilizing these forms.

Based upon currently available CDC information, those at high-risk for severe illness from COVID -19 include:

- Individuals 65 years of age and older;
- Individuals with chronic lung disease or moderate to severe asthma;
- Individuals who have serious heart conditions;
- Individuals who are immunocompromised;
- Individuals with severe obesity (body mass index [BMI] of 30 or higher);
- Individuals with diabetes;
- Individuals with chronic kidney disease undergoing dialysis;
- Individuals with liver disease;
- Individuals with hemoglobin disorders.

Please check the CDC website for the latest information about high-risk categories.

Unless you are seeking an accommodation due to age, you will need to provide medical documentation to support your request for an accommodation. Please complete the separate **COVID-19 Medical Information Request Form** as soon as possible. A delay in providing supporting documentation will delay our ability to process your request in a timely fashion.

<b>FIRST NAME</b>	<b>LAST NAME</b>
<b>M#</b>	<b>JOB TITLE/RANK/DISCIPLINE</b>
<b>DEPARTMENT</b>	<b>UM EMAIL ADDRESS</b>
<b>CELL PHONE</b>	<b>WORK PHONE</b>

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IMMEDIATE SUPERVISOR	DEAN (FOR FACULTY) OR DIVISION HEAD (FOR STAFF)
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Please note that while your chair, dean, director, division head, or supervisor will be involved in the process, information about your medical condition, including medical documentation, will not be shared unless authorized by you.

**Are you requesting an accommodation because you are 65 years old or older and therefore at high risk as defined by the CDC?**

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Date of Birth

If your request is based solely on the fact that you are 65 or older, you will **NOT** be required to submit the Medical Information Request form.

**What is the underlying condition for which you are requesting an accommodation? (Check all that apply)**

- \_\_\_\_\_ Chronic lung disease/moderate to severe asthma
- \_\_\_\_\_ Serious heart condition
- \_\_\_\_\_ Immunocompromised
- \_\_\_\_\_ Severe obesity (BMI  $\geq$ 30)
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Chronic kidney disease undergoing dialysis
- \_\_\_\_\_ Liver disease
- \_\_\_\_\_ Family member with a condition at high risk for serious illness
- \_\_\_\_\_ Hemoglobin disorder
- \_\_\_\_\_ Other

**Are you requesting to work remotely?**          YES \_\_\_\_\_ No \_\_\_\_\_

**If not requesting to work remotely, what accommodation(s) are you requesting and how will they assist you in performing the essential functions of your job?**

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I acknowledge that I am requesting a reasonable accommodation for the fall 2020 semester. I understand that this is to be an interactive process and agree to cooperate fully with the HR Director, my supervisor, and other applicable UM officials with regard to my request, including providing the appropriate medical documentation to HR, if needed. I understand that I may not be provided with the specific accommodation that I have requested and that this request is valid for the fall 2020 semester only. I verify that the above information is complete and accurate to the best of my knowledge.

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Print Name\*

Signature (if form will be scanned to HR)

Date

\*If submitting this form to the HR Director unsigned, via e-mail, please use your official University e-mail account for transmission. Doing so attests that the form with your printed name is a legal representation of your understanding and agreement to the terms and conditions contained herein.

Submit to:

Barbara Forrest

Director of HR, Risk Management, EEO

[forrestb@montevallo.edu](mailto:forrestb@montevallo.edu)

Station 6055 Lyman House

205-665-6055

The University of Montevallo provides reasonable accommodations due to COVID-19 to qualified employees. In general, it is the employee's responsibility to inform an employer or his/her supervisor that he/she needs a COVID-19 related accommodation. A supervisor is not required to provide reasonable accommodations if he/she is not aware of the employee's need and desire for the accommodation. Reasonable accommodations are determined, identified, and implemented in a collaborative process among the employee, supervisor and the HR Director/ Equal Employment Opportunity Officer.

***Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation. This form will not be placed in your employment record file. All medical documentation will be kept confidential.***