

UNIVERSITY OF MONTEVALLO
COVID-19 REASONABLE ACCOMMODATION REQUEST FORM
SPRING SEMESTER 2021
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 employees who are caring for a family member at high risk, or employees 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. <https://www.cdc.gov/>

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.

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

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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 ≥ 30)
- _____ Diabetes
- _____ Chronic kidney disease undergoing dialysis
- _____ Liver disease
- _____ Hemoglobin disorders
- _____ Family member with a condition at high risk for serious illness
- _____ 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?

