



COVID-19 Work Accommodation Request

Employees at higher risk of severe illness from COVID-19 may request a temporary work accommodation due to the potential threat of exposure to COVID-19 in the workplace. In any of these situations, the employee must be able to perform the essential duties of their position, and the request must not impose an undue hardship on the institution or the department.

To better serve Blinn College students, the deadline to submit work accommodation requests for Spring 2021 semester, must be received by November 20, 2020.

Based on the request and supporting documentation, Human Resources will work with the supervisor to determine the appropriate temporary work accommodation. Examples of approved work accommodations may include remote work, alternate work schedule, or staggered arrival and departure times.

Employee Name:	Employee Title:
Blinn ID Number:	Blinn Email:
Department:	Immediate Supervisor:
Requested Start Date:	Requested End Date:

I am requesting an accommodation because (please select one):

	<p>I am an employee 65 years of age or older and exposure to COVID-19 puts me at a greater health risk. <i>The College may approve a temporary workplace modification, according to CDC guidance. Documentation from a healthcare provider will not be requested under most circumstances.</i></p>
	<p>I am an employee who has a disability and exposure to COVID-19 puts me at a greater health risk. <i>Documentation from a healthcare provider is required to verify that this accommodation request is necessary. https://www.blinn.edu/human-resources/disability-accommodation.html</i></p>
	<p>I am an employee who has a health condition and exposure to COVID-19 would put me at a greater health risk. <i>Documentation from a healthcare provider is required to verify that this accommodation request is necessary. https://www.blinn.edu/human-resources/disability-accommodation.html</i></p>
	<p>I am an employee unable to return to campus because my child’s school or daycare is closed, and childcare is unavailable due to COVID-19 reasons. <i>Documentation is required to support this request. https://www.blinn.edu/human-resources/disability-accommodation.html</i></p>
	<p>I am requesting a work accommodation based on a reason that is not presented above. State reason here:</p>

I attest that the above information is accurate and complete to the best of my knowledge. I understand that falsification of any information provided on this document and/or any of its supporting documentation may lead to disciplinary action. Further, I understand that submission of this request, does not take the place of an approval. Human Resources will review the request and provide a response within 10 business days.

Employee Signature: _____ Date: _____

To be completed by Human Resources only:

Received by: _____

Date Received: _____

Supporting Documents Attached: Yes _____ No _____

Accommodation Approved: _____

Accommodation Not Approved: _____

Reason:

Employee Notified by: _____

Date Employee Notified: _____

Mail: _____ Email: _____