

COVID-19 Specific Accommodation Request

As part of the College response to COVID-19, Moore College of Art & Design is committed to supporting employees and their immediate family members who are at higher risk for severe illness from COVID-19. Based on guidance from the Centers for Disease Control (CDC) and Prevention, this generally applies to people 65 years and older and people with underlying medical conditions. COVID-19 specific workplace accommodation requests will be considered by Human Resources. In addition to these high risk factors, Human Resources will also consider COVID-19 specific accommodation requests for employees with issues accessing childcare. COVID-19 specific accommodation requests are for 30 days. Employees who want an extension of the COVID-19 specific accommodation request must reapply.

For purposes relating to COVID-19 specific accommodations, immediate family is defined as those who reside in the same household and are related by kinship, adoption, or marriage.

When requested by an employee, for immediate family members or themselves considered at high-risk from exposure to COVID-19, Moore College of Art & Design will:

- Provide options for alternative work assignments such as working remote, schedule change, additional Personal Protective Equipment (PPE) -above and beyond what is provided to all employees- or social distancing measures.
- Require employee to provide supporting documentation such as but not limited to medical documentation (see below Medical Inquiry Form) or proof of age. Proof of age is applicable only for immediate family.
- Where alternative work assignments are not possible, permit high-risk employee to apply for other leave benefit such as FMLA, FFCRA, ADA and/or use any of their accrued paid time off.

EMPLOYEE INFORMATION

Name: _____ Department: _____

Supervisor: _____

Request for: Employee Immediate Family

If family member, indicate family member name and relationship: _____

**I attest that the family member listed above resides in my household.*

Reason: Underlying Medical Condition Age 65+ Child Care Issues

Accommodation Request Type:

Remote Work Schedule Change Social Distancing Measures Additional PPE

Other: _____

Employee Name: _____

Date: _____

To Be Completed by Employer:

The employee's request for COVID-19 Specific Accommodation, and all supporting documentation, has been thoroughly reviewed by Human Resources, the requesting supervisor, and the employee. Based on the review, the request for accommodation has been:

APPROVED

DENIED, ALTERNATIVE WORKPLACE ACCOMMODATION OFFERED

APPROVED IN PART

DENIED

If approved, approved in part or an alternative workplace accommodation offered, the accommodation will consist of the following (attach an additional sheet, if necessary):

The requesting employee has been informed that, due to possible future business necessity, the essential functions of the employee's position may change necessitating a re-evaluation of the accommodation.

The requesting employee has been informed that a change in the employee's or immediate family member's medical condition may necessitate re-evaluation of the accommodation.

The requesting employee has been informed that s/he is subject to all Moore College of Art & Design rules, regulations, and policies applicable to employment.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Human Resources Signature: _____

Date: _____

COVID-19 MEDICAL INQUIRY FORM

EMPLOYEE NAME: _____ DATE: _____

JOB TITLE: _____ DEPARTMENT: _____

The above employee has requested a workplace accommodation for a medical condition that may put them at high risk for COVID-19. As the employee's physician or medical provider, you are asked to complete this form.

1. What is the medical condition for which the above-named employee is requesting a workplace accommodation?

2. How, if at all, does the medical condition identified in response to Question #1 interfere with the above-named employee's ability to perform the functions of his/her job during the COVID-19 pandemic? (see attached job description)

3. What accommodations or modifications would enable the employee to perform the functions of his/her job during the COVID-19 pandemic?

Thank you for your assistance providing this information. Please email the completed form to rphillips@moore.edu. If you have any questions, please contact the Director of Human Resources at 215-965-4025.

Signature

Date

Provider Name (printed)

Telephone #

Name of Practice

Email address