

Post-pandemic Return to Work High-Risk Category/Flexibility Accommodation Request Form

The Ohio State University is committed to safely returning faculty and staff to campus. We will continue to evaluate ADAAA-related accommodations in the same manner that we do today. In addition, outside of these legally required accommodations, we will consider other accommodation requests from employees who provide medical support from a health care provider documenting their inclusion in high risk categories identified by the Centers for Disease Control and Prevention (CDC). These may include:

- Older adults (aged 65 years and older)
- Asthma (moderate-to-severe)
- Chronic lung disease
- Diabetes
- Serious heart conditions
- Chronic kidney disease being treated with dialysis
- Severe obesity
- Liver disease
- Being immunocompromised

We also recognize that employees may request flexibility at work to accommodate the needs of persons living in their household (who fall into a high-risk category) or for whom they provide childcare due to COVID-19 related school closures or childcare restrictions.

Employee Name:	
Employee ID number:	
Job Title:	
Department/Unit:	

Reason for request (check all that apply):

- ☐ I am making a request because I meet a high-risk category identified by the CDC¹
- ☐ I am making a request because someone living in my household meets the high-risk category identified by the CDC¹
- ☐ I am making a request because I need flexibility at work to accommodate the needs of persons for whom I provide childcare due to COVID-19 related restrictions or closures²

Comments:

Falsification of this form or any supporting documentation is grounds for disciplinary action, up to and including dismissal. Submitting a request does not guarantee the approval of the request or offer for future employment.

Employee signature: _____ Date signed: _____

Request forms should be submitted by email to the HR Business Partner assigned to your department/unit by Friday June 19, 2020.

¹ Supplemental medical documentation may be required.

² "Son or daughter" is your own child (under 18 years of age), which includes your biological, adopted, or foster child, your stepchild, a legal ward, a child for whom you are standing in loco parentis, or an adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.