

COVID-19 Accommodation Request Form

Last Name	First Name	EMPLID
Department		Job Title
Campus Address		Work Phone
E-Mail		Supervisor Name

I have a disability, defined by the ADA as “a physical or mental impairment that substantially limits one or more major life activities or a record of such an impairment.”

Please complete Part A and/or Part B, as appropriate, below.

Part A

My disability places me at greater risk from COVID-19 and I am requesting a reasonable accommodation to minimize possible exposure to the virus in the workplace.

Describe your requested reasonable accommodation.

Part B

My disability has been exacerbated by the COVID-19 pandemic and I am requesting a reasonable accommodation to allow me to perform the essential functions of my job.

Identify your impairment, not your diagnosis, and describe how it has been exacerbated by the COVID-19 pandemic.

Identify how the exacerbation impacts your ability to perform the essential functions of your job.

Describe your requested accommodation and explain how the accommodation will allow you to perform the essential functions of your job.

All Requestors: Attach the completed Health Care Provider Support Form, found on page 3. Please give your medical provider a copy of your current position description, so the provider can most accurately provide information about your work restrictions. All medical documentation is kept confidential and separate from other personnel information.

Please note that you may be required to provide medical documentation at the conclusion of the accommodation period supporting your ability to return to regular duties.

Employee Signature

Date

SUBMIT COMPLETED FORM AND DOCUMENTATION TO:

Human Resources
264 Centennial Drive Stop 7127
Twamley Hall, Room 313
Grand Forks, ND 58202-7127

UND.humanresources@UND.edu

Please call Human Resources, 701.777.4223, or the ADA Coordinator, 701.777.4171, with questions

COVID-19 ACCOMMODATION REQUEST HEALTH CARE PROVIDER SUPPORT FORM

Dear Health Care Provider,

Our employee has requested a disability accommodation related to COVID-19. UND requires supporting documentation from the employee's health care provider to evaluate the request. Your detailed answers to the questions below will help us respond quickly to our employee's request.

UND is planning comprehensive safety precautions and preparations related to COVID-19, including, but not limited to, those listed below:

*Safety precautions will change, as appropriate, as conditions and CDC guidance evolves.

- Faculty will have some flexibility to identify the best delivery plan for their course or lab.
- UND will provide hand sanitizer and disinfectant wipes throughout campus.
- Face coverings are strongly encouraged for students and employees who are not fully vaccinated or for those who wish to wear a face covering for their own protection and the protection of others.
- Faculty members have the authority to require face coverings in their classrooms.
- All employees have the authority to require face coverings in their individual offices and unit to ensure safety in their workspaces.
- If a student is visibly ill during class, the faculty member can ask the student to leave the classroom.
- Plexi-glass or other barriers are installed, as appropriate, in public-facing workspaces and classrooms.

Please consider the employee's work duties and the above safety precautions when answering the following questions.

Does the employee have a physical or mental impairment that substantially limits one or more major life activities or a record of such an impairment?

Please answer the questions from Part A and/or Part B, as appropriate.

Part A

Does the disability place the employee at greater risk from COVID-19?

If yes, please describe any reasonable accommodations that may minimize the employee's exposure to the virus in the workplace.

Part B

Has the disability been exacerbated by the COVID-19 pandemic?

If yes, please describe the employee's impairment, not the diagnosis, and describe how it has been exacerbated by the COVID-19 pandemic.

Identify how the exacerbation impairs the employee's ability to perform the essential functions of their job.

Describe any recommended accommodations and how the accommodations will allow the employee to perform the essential functions of their job.

Printed Name

Signature

Professional Address

Date
