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**Request for COVID-19 Accommodation**

Please complete this form to the best of your ability. This form is to initiate the process of investigating and evaluating your request for an accommodation. Please forward your request to Human Resources via email (hr@kzoo.edu), interoffice mail, or fax (269.337.7239).  
  
You may be asked to complete an additional form and/or produce supporting documentation for Kalamazoo College to make a determination regarding your request. You will be notified in writing if your request is approved or denied within seven business days of receiving the required documentation. Kalamazoo College reserves the right to cancel or modify a determination at any time according to business needs.

**Your Name**

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**Your Supervisor’s Name**

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**Please check the reason(s) that you are requesting an accommodation and proceed to the questions indicated.***Note: Each accommodation reason will be evaluated on its own merits. Additional documentation for each reason may be required.*

Employee’s own medical condition – Complete questions 1 and 2.

Employee’s family member's medical condition – Complete questions 3 and 4.

Care for child(ren) due to childcare or school closure/adjusted schedule – Complete questions 5 and 6.

Inability to wear a face covering – Complete questions 7 and 8.

Other reason

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| Other reason description: |

**Question 1: Please include a detailed explanation of your medical condition. You may be required to submit a Medical Verification Form if your request is based on a medical condition.**

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**Question 2: Please identify any specific accommodations that you would like us to consider and the length of each.**

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*Proceed to page 2*

**Question 3: Please include a detailed explanation of the family member's medical condition. You may be required to submit additional documentation from the family member’s provider to support your request if based on a medical condition.**

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**Question 4: Please identify any specific accommodations that you would like us to consider and the length of each.**

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**Question 5: Please include a detailed explanation of your accommodation request to due to childcare or school closure/adjusted schedule. Please include the names of children and ages and the name of the school or place of care. Please state whether you have other support or family members that are able to assist in the care of the child(ren). You may be required to submit additional documentation from the childcare center or school to support your request if closed due to COVID-19.**

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**Question 6: Please identify any specific accommodations that you would like us to consider, including details regarding the length of time that care of your children will impact your ability to perform your job.**

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**Question 7: Please include a detailed explanation of the reason you are unable to wear a face covering. You may be required to submit a Medical Verification Form if your request is based on a medical condition.**

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**Question 8: Please identify any specific accommodations that you would like us to consider, including details about the length of time.**

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*Proceed to page 3*

**Question 9: Please include a detailed explanation of the reason you are requesting an accommodation due to COVID-19.**

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**Question 10: Please identify any specific accommodations that you are requesting and relevant timing information.**

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Please use the following space, or additional pages, for more detail if needed for any of the above questions.