

**High-Risk Employee Accommodation Request Form**

**\*\*\*Confidential Personnel Document\*\*\***

**NOTE: This form is to be used for employees who are at high-risk of severe illness under the Health Emergency Labor Standards Act (HELSEA) effective May 11, 2021. All other accommodation requests should follow the process found here: <https://www.pierce.ctc.edu/hr-benefits-accommodations>**

\_\_\_\_\_ [insert name of employee] hereby verify:

**I am an individual who is:**

Age 65+

A person at increased risk of severe illness from COVID-19 as defined by the CDC

A person who might be at increased risk of severe illness from COVID-19 as defined by the CDC

**AND**

My medical provider has recommended removal from the workplace due to an increased risk of contracting a severe illness from COVID-19. Removal means the employee cannot be present on-site in the workplace. *(Note: Please attach a copy of your medical recommendation with this request.)*

**I am requesting:**

Work at an alternate location (Human Resources will reach out to you to discuss options). If you have a suggested location, please identify it here:

\_\_\_\_\_

Telework (Human Resources will reach out to you to discuss options for work to perform remotely).

Leave for the following dates: \_\_\_\_\_

*(Note: Please work with Human Resources if you need assistance with leave options under state or federal law).*

Documentation to provide to Employment Security Department in order to apply for benefits.

**I affirm that the foregoing is true and correct. I understand that any misrepresentations provided as a basis for this request will be a basis for potential disciplinary action.**

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_