



## COVID-19 Reasonable Accommodation Request Form

*for Red Rocks Community College Faculty, Staff, and Other Employees*

RRCC's response to the COVID-19 pandemic is designed to sustain our important mission of education and training while maintaining the health and safety of our faculty, students and staff.

Faculty or staff whose age or health condition falls within one of the CDC High Risk Categories or who have other special circumstances may seek a workplace adjustment through the reasonable accommodation process by utilizing these forms.

If you are requesting an accommodation due to a medical condition, please have your physician provide you with a letter to document your condition and support your request. Submit this letter with your request or as soon as possible after you have submitted this request.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred method of contact?      Work      Home

\*Dean/Supervisor: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Dean/Supervisor Phone: \_\_\_\_\_

\*Please note that while your dean or supervisor will be involved in the process, information about your medical condition, including medical documentation, will not be shared unless authorized by you.

Please provide details about the essential functions of your job.

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## Information About Your Accommodation Request

*The Centers for Disease Control (CDC) has identified several groups as those at high-risk for severe illness from COVID-19. Based upon available information to date, those at high-risk for severe illness from COVID-19 include:*

*People 65 years and older; People with chronic lung disease or moderate to severe asthma; People who have serious heart conditions; People who are immunocompromised; People with severe obesity (body mass index [BMI] of 40 or higher); People with diabetes; People with chronic kidney disease undergoing dialysis; People with liver disease. Please check the [CDC website](#) for the latest information about high-risk categories.*

- Are you requesting an accommodation because you are 65 years old or older and therefore at high risk as defined by the CDC? \*  
Yes    No
- What is the underlying condition for which you are requesting an accommodation?  
Serious heart condition  
Chronic lung disease/moderate to severe asthma  
Diabetes  
Severe obesity (BMI ≥40)  
Chronic kidney disease undergoing dialysis  
Immunocompromised  
Liver disease  
Family member with a condition at high risk for serious illness  
Other
- Is your condition temporary, permanent, or unknown?
- If the condition is temporary, what is the anticipated date you will no longer need the accommodation(s)?
- Are you requesting a reasonable accommodation?  
Yes    No  
If yes, what accommodation(s) are you requesting?  
Work Remotely  
Alternate/Flexible Work Schedule  
Work in private office space with with Personal Protective Gear (PPG) provided  
Other: \_\_\_\_\_

This is to acknowledge that I am requesting a reasonable accommodation. I agree to fully cooperate with the HR ADA Coordinator in responding to my request, including providing the appropriate medical documentation, if needed. I understand that I may not be provided with the specific accommodation that I have requested. I verify that the above information is complete and accurate to the best of my knowledge.

I understand this is a legal representation of my signature.

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*RRCC provides reasonable accommodations due to COVID-19 to qualified employees. In general, it is the employee's responsibility to inform his/her supervisor that he/she needs a COVID-19 related accommodation. A supervisor is not required to provide reasonable accommodations if he/she is not aware of the employee's need and desire for the accommodation. Reasonable accommodations are determined, identified and implemented in a collaborative process among the employee, supervisor and the HR ADA Coordinator. All medical documentation and information should be shared solely with HR ADA Coordinator, not the supervisor.*

*Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation. This form will not be placed in your employment record file. All medical documentation will be kept confidential.*