

COVID-19 increased risk workplace accommodation request

For staff, after your supervisor has communicated your return-to-work date, please submit this completed request and accompanying documentation, if required, at least two weeks before the communicated return date.

Employee Name: _____
Employee ID: _____
Employee Phone: _____
Employee Email: _____
Position Title: _____
Department: _____
Supervisor: _____

1. I am requesting the following accommodation(s) that will allow me to perform the essential functions of my position:

If approved, YC reserves the right to alter or amend the accommodation at any time, if they prove to be ineffective or unreasonable.

2. I am at an increased risk for severe illness related to COVID-19 due to one of the following factors. Check all that apply:

- Age
- Underlying health condition

3. Please indicate whether or not telecommuting is an option for you.

- I have been told by my supervisor that continued telecommuting is not an option for me.
- Continued telecommuting is an option for me.

If you checked either **underlying health condition option**, please also complete and submit a Medical Inquiry Form along with documentation to support the need for accommodation. Documentation submission options are outlined on the form.