



HIGH-RISK EMPLOYEE ACCOMMODATION REQUEST FORM

Confidential Personnel Document

_____ [Name of employee] hereby verify:

I am an individual who is at high risk of severe illness from COVID-19 due to age or an underlying condition as defined by the [CDC](#)

Yes

No

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 _____ (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.

The name of my treating health care provider (if applicable) is:

_____ (Please note: documentation from your health care provider is required).

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

Dated this _____ day of _____, 2021 at _____, Washington.

Signature: _____

Print Name: _____