



## HIGH-RISK EMPLOYEE ACCOMMODATION REQUEST FORM

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

\_\_\_\_\_ [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](#) (NOTE: We may request reasonable medical documentation to support the request for those who might be at increased risk)

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: except for individuals who fall in the “might be at increased risk” category, you will not be asked to request medical documentation from your health care provider).

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 \_\_\_\_\_, 2020 at \_\_\_\_\_, Washington.

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

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