

COVID-19 Reasonable Accommodation Request

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The University of Notre Dame's response to the COVID-19 pandemic is designed to sustain our important mission of education and research while maintaining the health and safety of our faculty, students and staff.

Faculty and 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.

What is your name?

What is your email address?

What is your Date of Birth? (MM/DD/YYYY)

What is your job title?

Are you Faculty or Staff?

Faculty (1)

Staff (2)

Display This Question:

If Are you Faculty or Staff? = Faculty

What is your college or school?

▼ College of Arts & Letters (4) ... University Library (14)

Display This Question:

If Are you Faculty or Staff? = Faculty

What academic unit do you work for?

▼ AL/SC Honors Program (166) ... Upward Bound (276)

Display This Question:

If Are you Faculty or Staff? = Staff

What division do you work for?

▼ Academy Administration (4) ... Other (38)

Display This Question:

If Are you Faculty or Staff? = Staff

What department do you work for?

▼ A&L Computing (1) ... Other (557)

What is your office phone number?

What is your preferred personal phone number?

Preferred method of contact

- Email
- Office Phone
- Personal Phone
- Other _____

What is your dean or supervisor's name?

What is the Start Date of your Request? (MM/DD/YYYY):

What is the End Date of your Request? (MM/DD/YYYY):

(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 describe what you do for the University.

Information About Your Accommodation Request

The Centers for Disease Control (CDC) has identified several groups who, if they acquire the COVID-19 virus, are at an increased risk for a severe illness. These groups are:

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? (Choose all that apply)

- 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 one of the above medical conditions
 - Other _____
-

Is your condition temporary, permanent, or unknown?

- Temporary
 - Permanent
 - Unknown
-

Are you requesting to work remotely?

- Yes
 - No
-

Please provide any relevant medical documentation to support any underlying conditions that you may have. If more convenient to submit this later, you may skip this section.

This is to acknowledge that I am requesting a reasonable accommodation. I agree to fully cooperate with the Office of Institutional Equity 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.

Accommodation Request Signature
