

**EMPLOYEE REQUEST FORM FOR REASONABLE ACCOMODATION REGARDING COVID-19  
PRECAUTIONS OF WEARING FACIAL COVERINGS**

Instructions: To request a reasonable accommodation due to a medical condition that makes it so you are not able to wear a face mask or covering, please complete the below information. In addition, the health care provider information must be completed by a qualified health care professional who has made the determination of your medical condition and restriction of being unable to wear a face mask or covering.

Please submit the completed form to the Offices of Human Resources.  
(additional documentation may be required)

Name \_\_\_\_\_ Email \_\_\_\_\_

Budget Title \_\_\_\_\_ Campus Title \_\_\_\_\_

Division \_\_\_\_\_ Work Location \_\_\_\_\_

Manager's name \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Health Care Provider must complete:**

1. Describe how the employee's specific underlying health may be compromised by wearing a face mask or covering:
  
  
2. Do you have any suggestions regarding possible accommodations or recommendations for an alternative face mask or covering that is allowed by the employee's medical condition?

Yes \_\_\_ No \_\_\_

a. If so, what are they?

**Health Providers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR approval/denial signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If denied, reason why: