

Accommodation &/or Leave Requests – 2020-2021

Please complete the appropriate section of this checklist. The first section pertains to ADA accommodation requests. The second section pertains to Non-ADA Leave Requests. These forms should be returned to

Employee Name _____
School/Dept. _____
Contact Info: Email _____
Phone _____

Section One – Accommodation Requests

ADA Accommodation Requests pertain to disabilities that include a physical or mental impairment that substantially limits one or more major life activities. On June 25, 2020, the Center for Disease Controls revised its guidance to include conditions that may place people at an increased risk for severe illness from COVID-19.

PLEASE NOTE: all accomodation requests require medical certifications. You should obtain medical certifications from your medical provider for the purpose of seeking an accommodation; if needed, a medical release.

- I am seeking accommodations under the ADA because I am at high risk for contracting the COVID-19 virus under the CDC’s pandemic guidelines. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html
I am seeking accommodations under the ADA for Non-COVID-19 related reasons. https://adata.org/factsheet/reasonable-accommodations-workplace

1. What if any, job function are you having difficulty performing?

2. How does your disability affect the essential functions of your job?

3. Do you have a suggestion on an accommodation? [] YES [] NO
If yes, please describe how it will assist you:

4. I am seeking an accommodation for the period _____ to _____.

I have attached a completed Physician’s Certification form. ___ Yes ___ No

The Physician’s Certification is being sent under separate cover. ___ Yes ___ No

I have not yet seen my physician. My appointment is _____.

Section Two – Leave Requests

- I am seeking a leave for the birth of my child or to care for my newborn child.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHDL/legacy/files/WH-380-F.pdf>

- I am seeking leave for the placement of a child with me for adoption or foster care.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHDL/legacy/files/WH-380-F.pdf>

- I am seeking a leave due to a qualifying exigency because a family member is on or has been called to covered active duty or to care for a family member who is a current member of the Armed Forces who is undergoing medical treatment. Relationship of family member to you: _____

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHDL/legacy/files/WH-380-F.pdf>

COVID-19 Related Leave Requests:

- I am seeking a leave for my own health condition including advisement by my healthcare provider or pursuant to a federal, state, or local public health authority order to quarantine or I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHDL/legacy/files/WH-380-E.pdf>

If intermittent or reduced-leave schedule is being requested, please explain why it is needed and the proposed leave schedule:

I certify that the above information is true and correct to the best of my knowledge:

Employee: _____

Date: _____

Determination of eligibility for leave, and/or additional documentation or clarification of documentation, may be required prior to making a final leave determination.

- I am seeking a leave due to childcare needs during the COVID-19 pandemic. I am seeking the following schedule for childcare purposes:

- I am seeking a leave to care for a covered family member with a serious health condition.

Relationship of family member to you:

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHDL/legacy/files/WH-380-F.pdf>

- I am seeking a leave to care for a loved one who is in coronavirus quarantine, is coronavirus positive or symptomatic.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHDL/legacy/files/WH-380-F.pdf>

- I am seeking a leave to self-quarantine for 14 days commencing _____ through _____ due to travel outside the State of New Jersey or other reasons NOT certified by healthcare providers or public health authorities.

I am seeking a leave for the period

_____ to _____.

For Employer use Only

Date _____

Documentation Received: _____

Accommodation Approved _____
(See separate approval form)

Accommodation Denied: _____
(See separate denial form)

Leave was approved for the period: _____

Return to Work Criteria

The New Jersey Restart and Recovery Plan for Education, “The Road Back” states that in all stages and phases of pandemic response and recovery, schools must comply with Center for Disease Control (CDC), state and local guidelines for health and safety. Please consult the following link for the NJDOH/CDC guidelines for returning to work.

https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf

ACCOMMODATION APPROVAL FORM

Employee Name: _____

Date of Approval: _____

Accommodation(s) Approved:

STEPS NEEDED TO IMPLEMENT

Does equipment need to be ordered or a service purchased?

Yes

No

If yes, who will do it? _____

Will training be required?

Yes

No

If yes, who will do the training? _____

Who needs to be notified of the accommodation? _____

What other steps need to be taken?

TIMEFRAMES

When will the accommodation be fully implemented?

Date: _____

If maintenance is needed, when will it be done?

Date: _____

Is the accommodation being provided on a trial basis?

Yes No

If yes, when will the trial period end?

Date: _____

Comments:

SIGNATURES

Employer Representative: _____

Date: _____

Employee: _____

Date: _____

ACCOMMODATION DENIAL FORM

Employee Name: _____

Date of Denial: _____

Accommodation(s) Denied:

REASON(S) FOR DENIAL (may check more than one box)

- Accommodation Ineffective
- Accommodation Would Cause Undue Hardship
- Medical Documentation Inadequate
- Accommodation Would Require Removal of an Essential Function
- Accommodation Would Require Lowering of Performance or Production Standard
- Other:

DETAILED REASON(S) FOR THE DENIAL OF ACCOMMODATION

NEXT STEPS

- Provide Additional Information
- Meet to Discuss Other Accommodation Options
- Explore Reassignment
- Terminate Employment
- Other

COMMENTS

SIGNATURES

Employer Representative: _____

Date: _____

Employee: _____