



COVID-19 TEMPORARY ACCOMMODATION REQUEST FOR HIGH-RISK EMPLOYEES

Instructions: If you identify as high risk for severe illness from COVID-19 (as defined below) and are requesting an accommodation, please use this form to make your request. **Requests should be submitted to humanresources@gaston.k12.nc.us** through **one** of the following methods:

Gaston County Schools – Human Resources
 1351 Bradford Heights Rd. Gastonia, NC 28056
 Fax: 704-866-6193

Email: humanresources@gaston.k12.nc.us

If submitting through email, please attach a copy of this completed request to your email.

Name:			
Position:			
Timekeeper #:			
Work Site:			
Home Address Line 1:			
Home Address Line 2:			
Phone:	Work:	Cell:	Home:
Supervisor Name:			
Supervisor Phone:			

The Centers for Disease Control (CDC) currently defines “high-risk” individuals to include:

- People who are 65 years of age or older;
- People who live in a nursing home or long-term care facility;
- People of all ages with underlying medical conditions, particularly if not well controlled, including people with:
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions
 - A compromised immune system
 - A compromised immune system may be caused by many conditions, e.g.: cancer treatments, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - Hemoglobin disorders
 - Severe obesity (Body Mass Index (BMI) of 30 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease

Do you self-identify as one (or more) of the categories identified by the CDC as being at high risk for severe illness from COVID-19? YES NO

If yes, please identify the category (select all that apply):

<input type="checkbox"/> 65 or Older	<input type="checkbox"/> Underlying Medical Condition (see list on pg. 1)
<input type="checkbox"/> Other (If other, please identify the condition that you believe places you at high risk for severe illness from Covid-19.)	

Please describe the conditions of your current employment:

<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Contract status, if any:			
Hours/week, if applicable:			
Employment start date:			

Please list your job responsibilities that are impacted by your high-risk status and for which you are requesting an accommodation:

1.	
2.	
3.	
4.	
5.	
6.	

Please identify which, if any, of the following accommodations you are requesting. You may also suggest other possible accommodations on the following page.

Note: Some of the accommodations on this list may not be a reasonable accommodation for every position within the school system, and your request will be reviewed in the context of your position and the essential functions affiliated with it.

<input type="checkbox"/> Additional or Enhanced PPE (e.g., cloth face covering, gloves, face shield)	
<input type="checkbox"/> Social Distancing Measures (e.g., rearranged workspace)	
<input type="checkbox"/> Modified job responsibilities	<input type="checkbox"/> Modified work schedule
<input type="checkbox"/> Alternate, on-site, work location (e.g., space within the building)	
<input type="checkbox"/> Additional cleaning of workspace	<input type="checkbox"/> Telework

Please provide more details of your above-requested accommodation, as appropriate:

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Do you have suggestions for any other possible accommodations that will enable you to perform your essential job functions?

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Name, signature (or electronic signature) of person filling out form and date:

Name:	Signature:	Date:
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Medical Provider Certification

If you identify as high-risk because you have an underlying medical condition as defined by the CDC or some other medical condition, you must also submit the attached medical certification form. The form must be completed by your healthcare provider.

If you identify as high risk solely because you are 65 years of age or older, you do not need to submit a medical certification.

Please submit the completed form and medical certification (if applicable) to:

Gaston County Schools – Human Resources- humanresources@gaston.k12.nc.us

1351 Bradford Heights Rd., Gastonia, NC 28056

Email: GCS Human Resources or Fax 704-866-6193

Human Resources Section Only

Result of Accommodation Request:	
Signature:	Date:

Medical Provider Certification

To the Provider: The Gaston County Public School System employee named below (your patient) has self-identified as high risk for severe illness from COVID-19 and is requesting an accommodation. Gaston County Schools requires further information in order to consider this request.

Patient/Employee Name:	
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1. Does the employee have an underlying medical condition that is identified by the CDC as high risk for severe illness from COVID-19? Yes No

The CDC currently defines “high-risk” individuals to include people of all ages with underlying medical conditions, particularly if not well controlled, including people with:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- A compromised immune system
 - A compromised immune system may be caused by many conditions, e.g.: cancer treatments, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Hemoglobin disorders
- Severe obesity (Body Mass Index (BMI) of 30 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease

2. If you believe that the employee has a different medical condition that places them at high risk for severe illness from COVID-19, please identify it below.

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Attestation by Health Care Provider:

Name of Healthcare Provider:	
Provider's Signature:	Date:
Practice/Office Name:	
Office Phone:	Office Fax: