



LSUS COVID-19 ACCOMMODATIONS REQUEST

CDC High Risk Factors: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

I am requesting work accommodations due to COVID-19 for the following reasons (Check all that apply):

Vulnerable employee (age 65 or older)

Vulnerable Employee – I have one or more underlying medical conditions listed by the CDC for COVID-19 vulnerable individuals. NOTE: Documentation is required from an appropriate medical authority that you qualify as a COVID-19 vulnerable individual due to underlying health conditions.

I am caring for an immediate family member who has been diagnosed COVID-19 positive

I am caring for one or more dependent children who are unable to attend school or for whom child care is unavailable due to COVID-19. NOTE – Documentation may be required.

Other

Describe accommodations requested: _____

Employee Signature: _____ Date: _____

Supervisor Recommendation: Approved _____ Not Approved _____

Supervisor Signature: _____ Date: _____

Chair/Director Recommendation: Approved _____ Not Approved _____

Chair/Director Signature: _____ Date: _____

Dean Recommendation: Approved _____ Not Approved _____

Dean Signature: _____ Date: _____

VC Recommendation: Approved _____ Not Approved _____

VC Signature: _____ Date: _____

HR Recommendation: Approved _____ Not Approved _____

Additional Documentation Required _____

HR Comments: _____

HR Signature: _____ Date: _____

Chancellor Decision: Approved _____ Not Approved _____

Chancellor Signature: _____ Date: _____