

COVID-19 Special Accommodation Request Form**

Please complete this form and submit it to the Office for Institutional Diversity, at accommodation@bc.edu. Completion of this form will allow us to work together to review and address your request for the COVID-19 special accommodation. This information and other related documentation will be treated confidentially and kept separate from your personnel file.

Name:	Email:	Eagle ID (first 8 numbers):
Department:	Title:	VP/Dean Name:
Campus Address/Building:	Extension:	Mobile Phone:
Supervisor/Department Chair Name:		Supervisor Phone:
Is your supervisor aware of your request: <input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCOMMODATION REQUEST

Please provide information you feel makes you a high risk for Covid-19 infection or other underlying medical conditions as outlined by the CDC and state guidelines.

Please provide supporting medical documentation if applicable and any additional information you believe may be of assistance while we review your request for a COVID-19 special accommodation.

Employee Signature: _____ **Date:** _____