**COVID-19 Special Accommodation Request Form\*\***

Please complete this form and submit it to the Office for Institutional Diversity, attention Edilma Hosein, reyese@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.

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| **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: ☐ Yes ☐ No** | | | |

**ACCOMMODATION REQUEST**

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| 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. |
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| 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. |
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**Employee Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**