



JEFFERSON PARISH SCHOOLS
501 Manhattan Boulevard, Harvey, LA 70058

ACCOMMODATION REQUEST- For EMPLOYEES with Higher Risk from Covid-19

GUIDELINES TO DETERMINE IF YOU SHOULD SUBMIT THIS FORM

This form is for Employees at higher risk for Covid-19 only. You must be the person with the high risk condition to use this form. If the person with high risk is a family member, this is not the correct form to use. You must follow the regular process for applying for leave.

SUBMIT this form only if you are requesting an accommodation over and above the CDC guidelines that have already been put in place by the district.

The district will be following all CDC guidelines including: social distancing, the wearing of masks, hand washing, hand sanitizing, sanitizing of work areas, and all other recommended safety precautions.

DO NOT complete this form if you only want to make the district aware that you have a high risk condition.
DO NOT submit this form if your requests for accommodations are already covered by the CDC guidelines that the district has put in place. **EXAMPLE:** If your request is that everyone wear a mask, this is covered under the CDC guidelines. You should only submit this form if your request for accommodations is not covered by the CDC guidelines.

REQUIREMENTS AND DIRECTIONS

Step 1: If you are at high risk for covid-19 and are requesting accommodations over and above CDC guidelines, complete the remainder of this form and submit.

Step II: Download and print a copy of the *Medical Certificate – For High Risk from Covid-19* form.

Make sure you put your name and other information requested on the top of the Medical Certificate form.

Sign the Medical Certificate (top portion of the form) authorizing your physician to complete the medical certification and give the signed copy to your doctor.

It is the employee's responsibility to provide the physician with both the medical certificate form and a copy of your current job description. To obtain a copy of your job description, send an email to jppshumanresources@jpschools.org

Your application will not be considered complete until both the Accommodation Request for High Risk from Covid-19 form is received AND the completed Medical Certificate- For Higher Risk from Covid-19 form is received by your physician in the HR department.

Medical Certificate- For Employees with Higher Risk for Covid-19 forms must be sent directly from your physician to Human Resources. Your physician may return the form as follows:

- By Regular Mail to Jefferson Parish Schools, Human Resources Dept. ATTN: Leave Department 501 Manhattan Blvd., Harvey, LA 70058
- By Fax to (504) 349-7726 or (504) 349-7778.
- By email to hrcovidaccommodations@jpschools.org



Employee / Applicant Information

Employee Name:	
Employee ID#:	School/Work Site:
Mailing Address:	
Immediate Supervisor:	
Mailing Address:	
Contact #:	
Date of Request:	

Accommodation Information

<p>1. Describe the medical condition that causes you to be at higher risk from Covid-19 and limits your ability to perform your job duties.</p>
<p>2. Describe the specific action(s), changes, equipment or modifications, not already covered by the CDC guidelines put in place by the district, you are requesting as an accommodation. Be as specific as possible.</p>
<p>3. Describe how the requested accommodation(s) will enable you to perform the duties of the position.</p>
<p>4. Explain, if applicable, any resources you already have, have access to, or are aware of which would provide the accommodation(s) requested.</p>

Acknowledgement

I give Jefferson Parish Schools permission to explore coverage and responsible accommodations under the Americans with Disabilities Act. This may include speaking to appropriate Jefferson Parish Schools personnel and/or my health care professional. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements. I further understand that I will be required to have my physician submit a *Medical Certificate- For Employees with Higher Risk from Covid-19* form directly to the Leave Department in the Office of Human Resources. I also may be asked to submit appropriate documentation of my disability, including the impact of the functional limitations on my ability to perform the essential functions of my job.

I understand that it will be my responsibility to sign the medical release portion of the *Medical Certificate- For Employees with Higher Risk from Covid-19* form and to provide the form to my physician. It is my responsibility to provide my physician with a copy of my job description. My *Accommodation Request - For Employees with Higher Risk from Covid-19* form and the *Medical Certificate -For Employees with Higher Risk for Covid-19* form completed and submitted by my physician must be received by Human Resources for my request to be evaluated. I further understand that Human Resources will evaluate and respond to me based upon the information I provide. The information provided, by me, above is true and correct to the best of my knowledge.

Employee/Applicant Signature

Date