

Georgia Tech Covid-19 Higher Risk Alternative Work Arrangement Request Form

In response to the Covid-19 public health emergency, the University System of Georgia (USG) will provide alternative work arrangements for employees who have a higher risk from Covid-19, as defined by the Centers for Diseases Control (CDC) and Georgia Department of Public Health (GDPH), when the alternative work arrangement: 1) will enable the performance of the employee’s essential job functions; and 2) will not create an undue hardship.

IMPORTANT: Employees who are requesting an alternative work arrangement based on Covid-19 higher risk categories must submit this completed form by uploading it our confidential Dropbox folder. [Click here](#) to upload.

- A confidential interactive discussion with Georgia The Human Resources (GTHR) is encouraged for employees who are seeking reasonable accommodations.
- If more information is needed, the Institution may require that you authorize your health care provider to confirm your disability and/or the need for the requested accommodation.
- It is your responsibility to ensure that your health care provider statement or other supporting documentation is returned to GTHR.
- You are **not** required to disclose to your immediate supervisor the medical basis for a requested accommodation. Medical records are confidential and maintained in GTHR only.

To request assistance, contact Ann F. Harris, GTHR Compliance Advisor, at ann.harris@ohr.gatech.edu.

EMPLOYEE INFORMATION		
Employee Name:	Employee ID #:	
Employee Job Title:	Employee Department:	
Home Phone Number:	Cell:	Email:
Supervisor Name:	Supervisor Email:	
ACCOMMODATION TIMEFRAME		
This is a (choose one): <input type="checkbox"/> New request for accommodations <input type="checkbox"/> Request for an extension and/or alteration of existing accommodations*		
Physician confirmation may be required.		
Anticipated Begin Date:	Expected End Date:	
NATURE OF THE QUALIFYING DISABILITY/PUBLIC HEALTH EMERGENCY (Answer all that apply):		

JOB DUTIES, ESSENTIAL FUNCTIONS, AND ACCESSIBILITY

Please provide a description of your current primary job duties, which of those duties you perceive could be performed with accommodations, and how. (Please attach additional pages if needed) Essential functions as outlined in the employee's official position description and/or from the employee's supervisor will also be reviewed. If more specific information is needed to respond to your request, a Job Analysis for your position may be prepared.

JUSTIFICATION NARRATIVE

Please describe how the accommodation(s) requested above will allow you to perform the essential functions of your position (attach separate sheet if necessary):

HEALTH STATEMENT AND INFORMATION (please provide the following)

Health Care Provider Statement (Provider documentation of accommodation requirement or work arrangement needed)

Other Supporting Documentation (Record of diagnosis or other supporting documents that meets public health emergency guidance)

PHYSICIAN CONTACT INFORMATION: The physician may receive communication from GTHR requesting information on your impairment/disability and recommendations for accommodations.

Physician's Name:

Physician's Email Address:

Physician's Telephone #:

Physician's Address:

Physician's Fax #:

EMPLOYEE AUTHORIZATION

I authorize a representation GTHR to communicate directly with my healthcare provider for confirmation of the impairment and clarification regarding the need for an accommodation.

Employee Signature:

Date:

EMPLOYEE CERTIFICATION

I certify that the above information is accurate and complete. I understand that I must contact GTHR regarding any changes or updates to this request as submitted.

Employee Signature:

Date:

GEORGIA TECH HUMAN RESOURCES USE ONLY

Required documentation (if applicable) received from employee: Yes No Date Received:

Accommodations Decision: Approved Denied Modified as outlined below:

Name of GTHR Representative:

Signature of GTHR Representative: