

YOSEMITE COMMUNITY COLLEGE DISTRICT

COVID -19 REQUEST FOR TEMPORARY REASONABLE ACCOMMODATION

It is the policy of Yosemite Community College District (YCCD) to provide reasonable accommodation for qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA). Reasonable accommodations may also be considered and provided which are pertinent to the COVID-19 pandemic.

Name

Job Title

College/Department

Immediate Supervisor

1. Please indicate the reason for your request:

- ☐ Employee's own health condition
- ☐ The health condition of an employee's eligible family member
- ☐ Caring for a Child whose school or place of care is closed due to COVID-19

2. What type of accommodation are you requesting:

- ☐ Modified work schedule*
- ☐ Leave of Absence
- ☐ Remote work assignment*
- ☐ Other*

3. Expected Duration of the Accommodation:

Begin Date:

End Date:

4. Attach Required Documentation to support this request:

- ☐ Health Care Provider Certification
- ☐ Verification/Statement of School/Child Care Closure

5. Employee Certification and Signature:

*I understand that this temporary reasonable accommodation is contingent upon successful completion of tasks to be verified by my supervisor. I also understand that this request for accommodation is pertinent to the COVID-19 pandemic and does not signify approval of any future reasonable accommodation requests.

I hereby certify and believe I require an accommodation due to the COVID-19 pandemic.

Employee Signature

Date

6. Supervisor Acknowledgement:

- ☐ I confirm that the department can accommodate this request.
- ☐ HR consultation is requested to discuss other possible accommodation options.

Supervisor Signature

Date

Please note: Medical certifications are placed in a separate confidential file, not in the employee's HR personnel file.

Submit completed forms to: Humanresources@yosemite.edu