

## TCNJ Covid-19 Related Request for an Accommodation Form

### Employee Information

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ School or Division: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_ Vice President: \_\_\_\_\_

---

### Clarification of Health Condition

What serious medical condition have you been diagnosed with and what medical treatment are you receiving for this condition?

What is the name, address and phone number of your treating physician?

What is the date of your last examination/visit with this physician?

---

### Work Accommodations Request

Why are you seeking an accommodation?

Please explain why the workplace health and safety measures that will be in place to address covid-19 would not effectively enable you to work without an accommodation.

How does your disability, health or medical issue create a limitation to performing your job?

How will the requested accommodation enable you to continue to perform the *essential functions* of your job?

---

**Consent for Release of Information**

I give my consent for the Accessibility Resource Center and/or the Office of Human Resources to release information considered pertinent for the sole purpose of determining eligibility and implementation of any covid-19 related accommodation.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

---

**Disposition of Request:**

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Not Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Description of further accommodation granted:**

**End date for accommodation:**