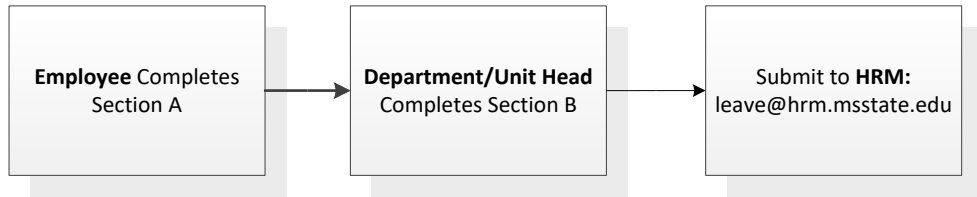




Disability Accommodation Request (COVID-19)

Instructions:



[SECTION A] ~ To be completed by the employee

Employee Name:

MSU ID:

Title:

Department:

Work Phone:

Department Head Name:

REQUEST FOR ACCOMMODATION: I need an accommodation for the reasons stated below.

(List essential function(s) that cannot be fully performed, and/or job-related functional limitations):

I am requesting the following accommodation.

(List possible devices, equipment, or alternative methods / procedures, teleworking, etc.)

Employee Signature:

Date:

[SECTION B] ~ To be completed by Department Head

Medical Documentation (COVID-19) will be submitted by employee's Health Care Provider to HRM.. HRM will contact Department Head and provide guidance but does not share private medical information.

1. Meet with employee to discuss request.
2. List possible accommodations, including specific dates, times, work product.

Department Head Signature:

Date:

Submit this form to HRM at leave@hrm.msstate.edu