

**REQUEST FOR ADA REASONABLE ACCOMMODATION
PANDEMIC CIRCUMSTANCES**

This form is intended for use during pandemic circumstances. Employees who are in high risk categories according to CDC or Maryland authorities may use this form and a simplified physician's certification to request reasonable accommodation. Instructions on Page 2.

EMPLOYEE NAME - _____ DATE - _____

DEPARTMENT - _____

SUPERVISOR - _____

Please identify the reason you are requesting an accommodation. Select **ONLY** one.

I am in a high-risk category as defined by CDC guidelines.

A member of my household is in a high-risk category as defined by CDC guidelines.

What specific accommodation(s) are you requesting?

SIGNATURE: _____ DATE: _____

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Instructions:

- I. Submit a copy of this form along with a communication from a physician. The communication from the physician can be flexible in format, but must contain the following information.
 1. The physician's name and contact information.
 2. The nature of the condition which the employee or household member is diagnosed with.
 3. An affirmation that the employee or household member is in a high-risk category according to CDC or Maryland guidelines for an existing pandemic circumstance.
 4. A recommendation for ways in which the employee may work and mitigate exposure to pandemic.
- II. The employee or physician may submit the physician's communication via email or US Post to Office of Human Resources, C/O David Elliott, Employee Relations Specialist, at delliott@ubalt.edu or hr@ubalt.edu. If using hr@ubalt.edu, be advised that this email address is monitored by multiple professionals in the Office of Human Resources.