**DISABILITY ACCOMMODATION FORM**

**REQUEST FOR CONTINUATION OF REMOTE WORK ARRANGEMENT   
DURING COVID-19 PANDEMIC (SUMMER/FALL 2021)**

The University of Oregon is committed to providing reasonable workplace accommodations to employees with disabilities.

This form is specifically for employees who have a physical or mental health condition and are concerned about returning to work on-campus during the COVID-19 pandemic. An employee should only complete this form once their unit has communicated plans for employees to return to work on-campus.

When completing this form, the employee is responsible for filling out Section One and giving the form to their healthcare provider to fill out Section Two. Once completed, the form should be sent to Human Resources by fax (541-346-2548) or email ([WorkplaceADA@uoregon.edu](mailto:WorkplaceADA@uoregon.edu)). Any medical information obtained by Human Resources will be maintained confidentially.

Upon receipt, the ADA Coordinator, or designee, will review the form and initiate the interactive process. This includes reviewing the medical information to determine whether the employee’s eligibility for an accommodation, and then assessing whether ongoing remote work would be reasonable in their position. Depending on the situation, the university may want to consider and propose effective alternatives to remote work.

Questions about this form or the process should be sent to the ADA Coordinator at 541-346-3159 or [WorkplaceADA@uoregon.edu](mailto:WorkplaceADA@uoregon.edu).

**SECTION ONE – TO BE COMPLETED BY THE UNIVERSITY EMPLOYEE**

Date:

Employee Name and Job Title:

UO ID (95#):

Preferred Email:

Preferred Phone:

Preferred Mailing Address:

Department and Supervisor:

**SECTION ONE (CONTINUED)**

1. Please provide a brief description of your request to work remotely, including whether the request is to work fully or partially remote, how long you anticipate working remotely, and if/when you anticipate returning to work on-campus.
2. Please briefly describe why you need to work remotely for medical reasons.
3. Please let us know if there are any specific measures or accommodations the university could provide that would allow you to return to work on campus when your unit is scheduled to return to work on-site.

**SECTION TWO – TO BE COMPLETED BY THE EMPLOYEE’S HEALTHCARE PROVIDER**

The above-named employee has been asked to return to work on campus. They submitted this form because they are requesting permission to continue working remotely for medical reasons. This is reviewed as a request for disability accommodation under the Americans with Disabilities Act, as Amended (ADA). The term disability is defined broadly under the ADA and includes individuals who: 1) currently have a physical or mental impairment that substantially limits one or more major life activities; or 2) have a record of, and are still impacted by, such an impairment.

The university is working to safely increase the degree of on-campus activities in accordance with law and guidance from public health officials at the local, state, and federal level. The university continues to take significant steps to protect the campus community from the risks associated with COVID-19, including but not limited to: promoting physical distancing and good hand hygiene; requiring the use of face masks when on campus except when alone in a private office; limiting public access to buildings; and increasing indoor air flow, where possible.

At this time, we are requesting limited medical information about this employee, who we understand is your patient, in order to assess their eligibility and need for a remote work accommodation. Any medical information that you provide will be kept confidential.

We appreciate your assistance with this process. Once you have completed this form, please submit it to Human Resources by fax (541-346-2548) or email ([WorkplaceADA@uoregon.edu](mailto:WorkplaceADA@uoregon.edu)).   
If you have any questions, please do not hesitate to call (541) 346-2985 or email [WorkplaceADA@uoregon.edu](mailto:WorkplaceADA@uoregon.edu).

1. Please provide the date of your last appointment with the above-named employee:

1. Does the employee have an underlying medical condition that makes them more susceptible to serious illness from COVID-19? Yes\_\_\_\_ No\_\_\_\_
2. Does the employee’s underlying medical condition constitute a disability as defined above? Yes\_\_\_\_ No\_\_\_\_

**SECTION TWO (CONTINUED)**

1. In your professional medical opinion, with the precautions identified above, is the employee able to safely work on-campus at this time? Yes\_\_\_\_   No\_\_\_\_

If no, please explain why and when you anticipate they will be able to safely work on campus:

1. Please describe any operational modifications or accommodations that the university could provide that would allow the employee to safely work on campus at this time:
2. Please provide any additional information you think may be relevant to the university’s consideration of this situation:

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Healthcare Provider Name

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Healthcare Provider Signature Date