



Request for Accommodation

Employee (identified below) has requested an accommodation due to the COVID-19 virus. Georgian Court University (GCU) has engaged in good faith written and/or oral communications with the employee regarding the employee's accommodation needs, potential accommodations, and, where appropriate, difficulties that the proposed accommodations could pose for the university. This document provides a record of the GCU's determination concerning the employee's accommodation request. It does not, and is not intended to, document GCU's complete analysis resulting in its determination.

FOR COMPLETION BY EMPLOYEE

I. Information Regarding Request

Employee Name:

Employee Job Title:

Supervisor:

Date of Request:

II. Description of Accommodation Request

FOR COMPLETION BY HUMAN RESOURCES

III. Documentation Relating to Request

Was a medical note provided to support accommodation request (check one)?

YES

YES, but additional information/clarification required.

NO

IV. Employer's Decision (check one and complete the corresponding information below:

Accommodation request granted

Alternative effective accommodation offered and (check one)

Accepted by employee

Rejected by employee

Accommodation denied

V. If an accommodation was granted or an alternative accommodation was offered, complete the following information:

Description of accommodation:

Accommodation start date:

Accommodation end date (if applicable):

Accommodation review date (if applicable):

If an accommodation was denied, select primary reason for denial:

Employee did not respond to information request and /or additional information is necessary to evaluate the accommodation request.

The employee's medical condition does not meet the guidelines for an accommodation due to the COVID-19 virus.

The accommodation would not be effective.

The accommodation would require removal of an essential job function.

The medical documentation provided does not adequately support the request.

The accommodation would require lowering of a performance or production standard.

The accommodation would cause undue hardship to the university.

The accommodation would create a direct threat to the safety of employee or others.

Other

Further explanation of denial:

Completed by:

Employee Signature:

Date:

Statement to Employee Requesting Accommodation

If any of the information in this document is incorrect, please inform Janice Karluk at jkarluk@georgian.edu as soon as possible.

If you wish to request reconsideration of this determination, you must submit a written request to the Office of Human Resources within five days of receiving a denial.

Employee Signature—Acknowledging Receipt:

Date: