



REQUEST FOR EMPLOYMENT RELATED ACCOMMODATION
 Under the AMERICANS WITH DISABILITIES ACT and
 CALIFORNIA FAIR EMPLOYMENT AND HOUSING ACT
FOR THE PURPOSE OF WORKING REMOTELY DURING 2022-23

This form is to be used ONLY to request remote work for the 2022-23 academic year

Reason for requesting the accommodation: A member of the employee’s immediate household has a medically-verified health condition, which impacts the employee’s ability to work onsite due to the medically-verified risk of COVID transmission to the household member.

Employee Information			
Employee Name		CWID	
Email		Job Title	
Work Phone		Home/Cell Phone	
Department			
Supervisor Name		Supervisor Email	
Describe how your immediate household member’s condition impacts your ability to work on site			
Duration of Requested Accommodation (check all that apply)			
Fall 2022	Winter 2023	Spring 2023	
Acknowledgement			
<p>I acknowledge that this accommodation request must be accompanied by a medical certification from a licensed provider, and it is attached with this request.</p> <p>I acknowledge that this accommodation, if approved, is only valid for the 2022-23 academic year.</p> <p>I acknowledge that this person is currently living in my immediate household.</p> <p>I acknowledge that my household member is not working or attending school outside the home despite their medical condition.</p>			
_____		_____	
Employee Signature		Date	

FOR HR OFFICE USE ONLY

Approved

Disapproved

Effective Date:

Remarks

HR Administrator

HR Administrator Signature

Date

Director/Vice Chancellor HR

Director/Vice Chancellor HR
Signature

Date

Return this Completed Form to: District Office of Human Resources. Address Above. Via email:

folckelizabeth@fhda.edu

For questions, email: folckelizabeth@fhda.edu