**High-Risk Employee Accommodation Request Form**

**\*\*\*Confidential Personnel Document\*\*\***

**NOTE: This form is not a requirement but can be used by employers to verify an employee’s request under the Governor’s Proclamation regarding high-risk individuals.**

 [insert name of employee] hereby verify:

* I am an individual who falls into one of the high-risk categories as defined by the U.S. Centers for Disease Control (CDC):
	+ Age 65+
	+ Other underlying health condition as defined by the CDC

I am requesting:

* Work at an alternate location (Human Resources will reach out to you to discuss options). If you have a suggested location, please identify it here:

* Telework (Human Resources will reach out to you to discuss options for work to perform remotely).
* Leave for the following dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please work with Human Resources if you need assistance with leave options under State or Federal law).
* Documentation to provide to Employment Security Department regarding lack of work in order to apply for benefits.

The name of my treating health care provider (if applicable) is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please note: you will not be asked to request medical documentation from your health care provider).

I affirm that the foregoing is true and correct, and I understand that any misrepresentations provided as a basis for this request will be a basis for potential disciplinary action.

Dated this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 2020 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_