

**2020-2021 IMESD Workplace Accommodation Request  
(Updated July 27, 2020)**

If you believe that you are eligible for workplace accommodation(s) please complete this form and return it to the Human Resources Office.

The information you provide in this form will be used to prepare for a meeting with you to discuss your accommodation requirements. It is important to understand that any medical information gained during this process will be kept confidential in HR. Only essential information pertaining to your condition, the feasibility of the requested accommodation(s), logistics, and agreements, if any, will be discussed with your supervisor on a need to know basis.

After HR reviews your information, we will contact you to confirm your eligibility for workplace accommodations and, if eligible, will - in collaboration with your supervisor - engage in an interactive process with you to determine options for workplace accommodation(s) that are both consistent with IMESD needs and support your efforts to safely and successfully perform the essential functions of your role.

At this time, and based on the most recent guidelines from the Oregon Department of Education, regional school districts will be submitting their Blueprint Reopening Plans for approval in Mid-August. IMESD itinerant staff will be expected to work on-site delivering services as prescribed by the local district plan. IMESD will also have specific plans in place for working in our office buildings and in the EI/ECSE Learning Centers.

If you have any questions not addressed in this form, please submit an email to [jerry.copeland@imesd.k12.or.us](mailto:jerry.copeland@imesd.k12.or.us)

Name \_\_\_\_\_

Department \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Work Assignment Status (What schools or IMESD sites do you work at?)

**Select the category that best describes why you are interested in exploring workplace accommodations.**

\_\_\_\_ I have a disability that impacts my safety and/or ability to perform one or more job duties.

\_\_\_\_ I have a disability that prevents me from following public health protocols such as wearing a face covering, engaging in frequent hand washing with soap and water, and/or maintaining appropriate physical distance.

\_\_\_\_ I have a medical condition that puts me at higher risk for severe illness associated with COVID-19.

\_\_\_\_ I live with someone who is at higher risk for severe illness related to COVID-19

**Functional Limitations(s) - Please explain the workplace limitations you experience as a result of your disability or medical condition and how those limitations impact your ability to safely and/or successfully perform your job duties. Be as specific as possible.**

**Please list specific accommodations you are interested in exploring?**

**How will the accommodations(s) you are interested in exploring support your ability to safely and/or successfully perform your job duties?**

COVID-19 is a new disease that healthcare providers are learning more about every day. While everyone is at risk of getting COVID-19 if they are exposed to the virus, some people are more likely than others to become severely ill. The Center for Disease Control (CDC) identifies adults 65 years and older and people of any age who have serious underlying medical conditions as likely to be at higher risk for severe illness from COVID-19.

Recently, the CDC revised guidance regarding underlying health conditions associated with a higher risk of severe illness into two categories: (1) underlying conditions that are at an increased risk for severe illness, and (2) underlying conditions that might be at an increased risk for severe illness.

**Conditions known to be at increased risk of severe illness from COVID-19 are:**

COPD (chronic obstructive pulmonary disease)  
Immunocompromised state (weakened immune system) from solid organ transplant  
Obesity (body mass index (BMI) of 30 or higher  
Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies  
Sickle cell disease  
Type 2 diabetes mellitus

**Conditions that might be at an increased risk for severe illness from COVID-19 are:**

Asthma (moderate-to-severe)  
Cerebrovascular disease (effects blood vessels and blood supply to the brain)  
Cystic fibrosis  
Hypertension or high blood pressure  
Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines

Neurologic conditions, such as dementia  
Liver disease  
Pregnancy  
Pulmonary fibrosis (having damaged or scarred lung tissues)  
Smoking  
Thalassemia (a type of blood disorder)  
Type 1 diabetes mellitus

It is important to understand that not all staff who are in a higher risk category are automatically eligible for workplace accommodations under ADA. Regardless, non-disability related request for workplace accommodations and/or flexibilities will be considered on a case by case basis during this pandemic.

\*Please note you may be required to produce documentation from your healthcare provider.

**Based upon the above information provided by the CDC:**

Check all that apply

\_\_\_\_\_ I am in a category of people known to be at high risk for severe illness related to COVID-19.

\_\_\_\_\_ I am in a category of people that might be at a higher risk for severe illness related to COVID-19.

\_\_\_\_\_ I live with someone who is known to be or might be of higher risk for severe illness related to COVID-19.

\_\_\_\_\_ Other: \_\_\_\_\_

**If you've recently been advised by a healthcare provider to avoid, limit, or restrict any actions or activities associated with the essential functions of your job, please describe below:**

**Please list specific accommodations or workplace flexibilities you are interested in exploring:**

**Please explain how the accommodation(s) / workplace flexibilities you are interested in exploring support your ability to safely or successfully perform your job duties:**

Thank you for taking the time to provide the requested information.

After a thorough review, Human Resources will contact you either by phone or by IMESD email to share next steps. It is possible you may be required to provide medical documentation and/or to authorize contact with your healthcare provider in support of your request.

We are very pleased to work with you so that IMESD can better understand and support your need for possible workplace accommodations in accordance with the ADA.

Please do not hesitate to contact Jerry Copeland, Director of Human Resources, if you have any questions.