



Leaves and Accommodations Related to COVID-19:

Employees with medical conditions that increase their vulnerability and susceptibility relative to COVID-19 are responsible for notifying their supervisor and Human Resources if they are in need of an accommodation. The employee may contact Human Resources to seek accommodations for their condition, but supervisors can work with the employee and Human Resources to identify alternative work arrangements and/or seek support/resources. MMC will follow ADA guidelines for special accommodations, although non-medical accommodations will be considered.

Accommodations Under the ADA

The College follows the Americans with Disabilities Act (ADA). Under the ADA, the College will make reasonable accommodations for workers with medical conditions when such accommodations would not impose undue hardship. Employees of the College who have one of the medical conditions identified [here](#) by the Center for Disease Control and Prevention (CDC) are considered at higher risk for COVID-19. This generally includes individuals over the age of 65 and anyone with an underlying medical condition.

An employee who is at higher risk should consult the CDC's extra precautions advice [here](#) and speak to their healthcare provider. Employees who are at higher risk and who have been instructed to return to work on-campus may seek ADA Reasonable Accommodations by speaking with their supervisor and contacting Human Resources.

When an employee that is considered high-risk exposure to COVID-19 requests an accommodation, the College will provide options for alternative work assignments where possible, such as telework, alternative work locations, reassignment, or social distancing measures.

When alternative work assignments are not possible, the employee can use any of their accrued paid time off.

Procedure for Requesting Accommodations

Under the ADA the College will make reasonable accommodations for workers with medical conditions. Accommodations should not impose undue hardship to the College. Employees of the college who have one or more of the medical conditions identified [here](#) by the Centers for Disease Control and Prevention (CDC) will be considered higher risk for COVID-19 and will be covered under ADA. Information provided to the Office of Human Resources will be maintained in confidence.

Step-by-Step Instructions

If you have been instructed to return to work on-site and have concerns and seek accommodations, please follow the instructions below:

4. Speak to your supervisor about the concern. The supervisor will then contact the Human Resources Department.
5. Your supervisor or the Human Resources Department will provide you with the [Accommodation for Alternative Work Arrangements Form](#) to fill out.
6. Please complete the form and return to the Human Resources Department no later than a week from when the process has been completed.

The Human Resources Department will contact you for additional information regarding the request. Please be advised documentation may be required from your health care or rehabilitation professional regarding your medical condition.

Accommodation for Alternative Work Arrangements Form

Please Return Form to Human Resources Department

Name: _____ Title: _____

Department: _____ Employment Date: _____

Accommodation Request Date: _____

Essential Job Duties: _____

Type of Request:

Request for non ADA (Americans with Disabilities Act) Accommodation

Requests for ADA (Americans with Disabilities Act) Accommodation

Do you have medical documentation? Yes No

Under the ADA the College will make reasonable accommodations for workers with medical conditions. Accommodations should not impose undue hardship to the College. Employees of the college who have one or more of the medical conditions identified by the Centers for Disease Control and Prevention (CDC) listed [here](#) will be considered higher risk for COVID-19 and will be covered under ADA. Information provided to the Office of Human Resources will be maintained in confidence.

Each request will be addressed on a case-by-case basis to determine whether an accommodation can be provided without causing an undue hardship to the College.

Describe briefly the workplace accommodation being requested: _____

Employee Signature: _____

Date: _____