

## **COVID-19 RELATED ADA ACCOMMODATION PROCESS**

Presbyterian College (the “College” or “PC”) is taking every appropriate precaution to protect our entire community as we return to campus and classrooms. In that regard, PC is using a streamlined process to review and assess requests for reasonable accommodations that, absent undue hardship, could offer protection to an employee who, due to a preexisting disability, is at higher risk of severe infection from COVID-19.

### **EMPLOYEE ACCOMMODATIONS:**

The College acknowledges certain individuals with preexisting impairments may have a higher risk of severe infection due to COVID-19 and encourages such employees to request reasonable accommodation to the extent needed.

To initiate a request for a COVID-19 related accommodation, employees with preexisting disabilities which put them at higher risk of severe infection must submit the requisite documentation (attached hereto) to Barbara Fayad, Vice President for Human Resources and Title IX, no later than Friday, July 24 to enable the College sufficient time to consider employee accommodation requests and facilitate preparation for fall 2020. If the need for COVID-related accommodation arises after July 24 please contact Barbara Fayad as soon as practicable.

Employees’ COVID-19 related accommodation requests will be considered based on an individualized assessment of the need for the request, whether the requested accommodation is effective, reasonable, and would enable the employee to perform the essential functions of the individual’s position, and whether the accommodation requested presents an undue hardship to the College.

Please note that, although your supervisor and leadership team member in your area will be involved in the request process, information about your medical condition (including medical documentation) will not be shared with them unless authorized by you.

## **COVID-19 REASONABLE ACCOMMODATION REQUEST INSTRUCTIONS**

PC's response to the COVID-19 pandemic is designed to sustain our important mission of education while maintaining the health and safety of our employees.

Employees with preexisting disabilities which put them at higher risk for severe infection from COVID-19 may seek a workplace adjustment through the COVID-19 reasonable accommodation process. The College will work with the individual to determine whether reasonable and effective accommodations are available that do not present an undue hardship to the College.

### **INSTRUCTIONS:**

1. Please have your physician/health care provider complete the COVID-19 Medical Information Request Form. Have the physician/health care provider return the form to you, not to Human Resources.
2. Please also complete the Release of Information Form.
3. Complete the COVID-19 Reasonable Accommodation Request Form.
4. Return all applicable forms (Medical Information Request Form, Release of Information Form and the COVID-19 Reasonable Accommodation Request Form) at the same time to the Office of Human Resources in a sealed envelope to:

Presbyterian College  
Attention: Office of Human Resources  
503 South Broad Street  
Clinton, S. C. 29325

Or

(Via campus mail in a sealed envelope)  
Confidential to Human Resources

**Note that electronic copies or submissions will NOT be accepted.**

**COVID-10 MEDICAL RELEASE FORM**

Name \_\_\_\_\_

Please type or print

Email address: \_\_\_\_\_

Employment Position: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**RELEASE:**

**I hereby authorize the release of the COVID-19 Medical Information Request Form provided by my physician/health care provider to Presbyterian College for the limited purpose of assisting Presbyterian College to fulfill its duties and obligations under the Americans with Disabilities Act (“ADA”) and any state or local disability laws. I further authorize Presbyterian College to seek clarification of the COVID-19 Medical Information Request documentation, if necessary, by directly contacting my physician/healthcare provider.**

Please note that, although your supervisor and leadership team member in your area will be involved in the request process, any information about your medical condition (including medical documentation) will not be shared with them unless authorized by you.

\_\_\_\_\_  
Signature (I understand this is a legal representation of my signature)

\_\_\_\_\_  
Date



## COVID-19 MEDICAL INFORMATION REQUEST FORM

(For Presbyterian College Employees)

### To Presbyterian College Employees:

The COVID-19 Medical Information Request form is to be completed by the employee's physician or health care provider.

Employees are to complete **Section I** below and provide details about the essential functions of their job to their medical provider.

Medical provider completes **Section II**.

All completed forms are to be returned to the Office of Human Resources. For questions, please call 864 938 3722 (Barbara Fayad) or 864 833 8207 (Sandy Dowdle).

### Section I

To be completed by PC employee:

\_\_\_\_\_  
Name (Please Print or type)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor

### Release of Information

I hereby authorize the release of the following medical information to Presbyterian College for the limited purpose of assisting Presbyterian College to fulfill its duties and obligations under the Americans with Disabilities Act ("ADA") and any state or local disability laws. I further authorize Presbyterian College to seek clarification of this documentation, if necessary, by directly contacting my physician or health care provider.

\_\_\_\_\_  
Signature (I understand this is a legal representation of my signature)

\_\_\_\_\_  
Date

### Section II:

To be completed by the physician or health care provider:

To Physician or Health Care Provider:

The above-referenced employee has made a request for a COVID-19 related accommodation because of a claimed physical or mental impairment. Please speak to your patient (the Presbyterian College employee) about his/her job duties and functions prior to evaluating, and then provide the information requested. The information will be treated confidentially and only shared with only those who have a need to know.

If the Presbyterian College employee has not discussed with you or provided you information about his/her job duties and functions, please contact the employee and let him or her know you cannot complete this form without that information.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Thank you for your assistance.

1. Does the employee have a physical or mental impairment that does or may interfere with the employee's ability to perform the essential functions of his/her position or do so safely in light of the current pandemic? (Note, the interference/restriction can be caused by the condition itself or from medications taken to control the condition.)

Yes \_\_\_\_\_ None \_\_\_\_\_

If you answered "none," you may stop, sign the form, and return it to the employee.

2. If you answered yes to question 1, describe in detail the nature of the impairment

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3. Explain how the impairment above does or may interfere with the employee's ability to perform the functions of his/her job and/or do so safely in light of the current pandemic?

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4. How long is the impairment causing the limitation/restriction likely to last?

The condition commenced on \_\_\_\_\_

The condition is likely to last until \_\_\_\_\_

Further comments:

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5. What limitations/restrictions, if any, does the condition cause the employee?

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6. In your medical opinion, do these limitations substantially limit the employee in one or more major life activities<sup>1</sup>?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below:

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7. What are the job tasks the employee is or may be unable to perform, in whole or in part, because of the impairment?

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8. What limitations/restrictions does the employee have that are caused by the impairment that prohibit him/her from performing the above listed tasks?

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9. In your medical opinion, are you recommending remote work as an accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the recommended duration for the accommodation? \_\_\_\_\_

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10. In your medical opinion, is there any accommodation besides working remotely that could enable the employee to safely perform all the essential functions of the employee's position?

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<sup>1</sup> Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

\_\_\_\_ Yes                      \_\_\_\_ No

If you answered yes, please identify each and every accommodation that could be made and indicate how long you anticipate the accommodation will be needed.

(a) \_\_\_\_\_  
\_\_\_\_\_ Duration \_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_ Duration \_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_ Duration \_\_\_\_\_

11. Does the impairment, or any medication to treat it, pose a risk of harm to the health or safety of the employee or others, if the employee attempts to perform all the functions of his/her position?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance in providing this information so that we may assess the employee's request. Please sign below.

\_\_\_\_\_  
Signature of physician or health care provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider name (printed)

\_\_\_\_\_  
Telephone #

Name and Location of Practice \_\_\_\_\_  
\_\_\_\_\_

**COVID-19 REASONABLE ACCOMMODATION REQUEST FORM  
PC EMPLOYEES**

Presbyterian College's response to the COVID-19 pandemic is designed to sustain our important mission of education while maintaining the health and safety of our employees.

Employees with preexisting disabilities which put the employee at higher risk of severe infection due to COVID-19 may request a workplace adjustment through the COVID-19 reasonable accommodation process by filling out this form.

If you have been requested to submit medical documentation, please complete and submit the separate COVID-19 Medical Information Request Form and the COVID-19 Medical Release Form with this COVID-19 Accommodation Request Form.

Please note that, although your supervisor and leadership team member in your area will be involved in the request process, information about your medical condition, including medical documentation, will not be shared with them unless authorized by you.

Name \_\_\_\_\_  
Please Print or Type

\_\_\_\_\_  
Signature (I understand this is a legal representation of my signature)                      Date

Job Title \_\_\_\_\_

Email address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell or home phone \_\_\_\_\_

**PLEASE DESCRIBE IN DETAIL THE NATURE OF YOUR PHYSICAL OR MENTAL IMPAIRMENT FOR WHICH YOU ARE REQUESTING COVID-19 RELATED ACCOMMODATION AND PROVIDE INFORMATION AS TO WHETHER YOUR IMPAIRMENT IS TEMPORARY OR PERMANENT:**

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**PLEASE DESCRIBE IN DETAIL THE ACCOMMODATION(S) YOU ARE REQUESTING AND THE ANTICIPATED DURATION OF THE NEED FOR ACCOMMODATION:**



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PLEASE PROVIDE DETAILS ABOUT WHETHER AND HOW YOU WILL BE ABLE TO PERFORM ALL ESSENTIAL FUNCTIONS OF YOUR JOB IF YOUR REQUESTED ACCOMMODATION(S) IS GRANTED:

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This is to acknowledge that I am requesting a reasonable accommodation related to COVID-19. I agree to fully comply with the Office of Human Resources in responding to my request, including providing appropriate medical documentation if needed.

I understand that I may not be provided with the specific accommodation that I have requested.

I verify that the above information is complete and accurate to the best of my knowledge.

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

\_\_\_\_\_  
Signature (I understand this is a legal representation of my signature)

\_\_\_\_\_  
Date

*Presbyterian College will consider and provide reasonable and effective COVID-19 related accommodations to qualified employees, unless providing such an accommodation presents an undue hardship to the College. In general, it is the employee's responsibility to inform his/her supervisor that he/she needs a COVID-19 related accommodation. The College is not required to provide reasonable accommodations if it is not aware of the employee's need and desire for the accommodation. Reasonable accommodations are determined, identified and implemented in a collaborative process among the employee, supervisor and the Office of Human Resources. **All medical documentation and information should be shared solely with Human Resources, not the employee's supervisor.***

*Contents of this request are confidential and will only be shared as needed with the appropriate personnel to consider the implementation of a reasonable accommodation. This form will not be placed in your employment record file. All medical documentation will be kept confidential.*