

WASHINGTON STATE UNIVERSITY

[Proclamation 20-46](#)

High-Risk Employee - Workers' Rights - Accommodation Request

Complete each section in full to receive consideration under this program

Please return form to:
Electronic (scan or photo)
OR Fax:
Office Location:
OR Mailing address:
Questions? Call HRS at:

Human Resource Services (HRS)
HRS.Disabilityservices@wsu.edu
509-335-1259
139 French Administration Bldg
PO Box 641014* Pullman, WA
99163-1014
509-335-4521

A		EMPLOYEE INFORMATION (please print)	
Name (Last, First, MI)		WSU ID #	Personal Email
Home Mailing Address (Street/PO Box, City, State, Zip Code)		Personal Phone	
Department		Name of Supervisor	
B CHECK REASON(S) FOR REQUEST			
<input type="checkbox"/>	I am an individual in one of the high-risk categories as defined by the U.S. Centers for Disease Control (CDC) :		
<input type="checkbox"/>	<input type="checkbox"/> Age 65+ OR <input type="checkbox"/> Other underlying health condition as defined by the CDC		
C IDENTIFY WORK STATUS Since April 13, 2020. Check ALL that apply			
<input type="checkbox"/>	<input type="checkbox"/> Working at regular work location <input type="checkbox"/> Work at an alternative location on a WSU site <input type="checkbox"/> Teleworking <input type="checkbox"/> On Leave		
D CHECK TYPE OF REQUEST			
<input type="checkbox"/>	<input type="checkbox"/> Work at an alternate location. Requested work location if known: _____ <input type="checkbox"/> Telework <input type="checkbox"/> Leave for the following dates ____/____/____ through ____/____/____. To use my accrued leave or leave without pay, I understand I am to notify my department the way in which I would like to use my leave. Leave options are found on the HRS High-Risk Employee Workers' Rights - Accommodations website. <input type="checkbox"/> Documentation to provide to state of Washington Employment Security Department in order to apply for benefits.		
E IDENTIFY AND PROVIDE SUPPORTING INFORMATION (For underlying health condition only)			
<input type="checkbox"/>	<p>Note: You may be asked to provide medical documentation from your health care provider if you are not already in possession of it.</p> <input type="checkbox"/> I am already in possession of and submitting supporting documentation for the underlying health condition as referenced in B. <input type="checkbox"/> I am not in possession of supporting documentation and am providing sufficient facts below or attached, to support that I meet one of the high-risk categories defined by the CDC . <input type="checkbox"/> Print HCP Name _____ HCP Phone # _____ HRS may use information to authenticate/clarify information provided		
F EMPLOYEE DECLARATION			
I understand if my request is incomplete or insufficient, WSU may not approve the request. I also understand and release appropriate HRS personnel to contact my Health Care Provider above to authenticate or clarify information provided, if necessary. By signing below, I declare under penalty of perjury under laws of the state of Washington, the foregoing is true and correct and that I meet all the requirements necessary for this application associated with Proclamation 20-46.			
Employee Signature			Date

HRS USE ONLY

Disability Services	Records	Employment Services	Benefits Services