



## COVID-19 Accommodations Request Guide

In alignment with the Americans with Disabilities Act (ADA), the Minnesota Human Rights Act (MHRA), and District Policy 402 Disability Nondiscrimination, Minnesota Valley Education District (MVED) has a duty to make reasonable accommodations to avoid discriminating against an employee with a physical or mental disability.

During the COVID-19 pandemic, these legal protections also apply to an employee who has a pre-existing disability or medical condition that requires self-isolation to avoid getting COVID-19, and to employees who get COVID-19, if the illness is limiting major life activities.

### People Who Are At Increased Risk for Severe Illness

COVID-19 is a new disease and currently there is limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19.

According to the Centers for Disease Control and Prevention and the Minnesota Department of Health, people having one of the following underlying medical conditions might be at an increased risk for severe illness from COVID-19. The list of underlying conditions from CDC is meant to inform clinicians about the best possible care for patients, and to inform individuals as to what their level of risk may be so they can make individual decisions about illness prevention. The list is periodically updated by CDC and can change rapidly as the science evolves.

#### Strongest & Most Consistent Evidence

- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Obesity (body mass index [BMI] of 30 or higher)
- Sickle cell disease
- Solid organ transplant
- Type 2 diabetes mellitus

### Mixed Evidence

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Hypertension or high blood pressure
- Pregnancy
- Smoking
- Use of corticosteroids or other immunosuppressive medications

### Limited Evidence

- Bone marrow transplantation
- HIV
- Immune Deficiencies
- Inherited metabolic disorders
- Neurologic conditions
- Other chronic lung conditions
- Pediatrics
- Liver disease
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

## Reasonable Accommodations

According to guidance from the Minnesota Department of Labor and Industry, reasonable accommodations related to COVID-19 may include:

- Unpaid and/or paid temporary leave (not indefinite leave)
- Telework (for certain positions)
- Change in assignment and/or location to practice social distancing, which may include delivering instruction and support for students who are registered in our distance learning courses.

Please note, while health and safety are a top priority, as a protection under ADA these accommodations do not apply to employees who do not meet the disability criteria under COVID-19, even if they live with or care for another person who has a high-risk condition.

According to the MN Disability Law Center, accommodation requests may be denied if the employee is not able to do the essential functions of the job, even with an accommodation, and if the accommodation is determined to be an undue hardship for the employer.

## Request an Accommodation

Submit completed accommodation request forms to Jeff Olson - [jolson@mnved.org](mailto:jolson@mnved.org)

- [COVID-19 Accommodation Request Form](#)



## COVID-19 Accommodations Request Form

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee ID No.: \_\_\_\_\_

**Please provide the following information. Use additional pages or provide documentation as needed.**

1. Please identify your disability, physical or mental impairment(s), underlying medical or high-risk condition, or limitation(s) in regard to COVID-19 ("Disability"):
2. Please explain how your Disability impairs or limits your ability to perform assigned job duties:
3. What specific accommodation(s) are you requesting, if known?
  - Unpaid and/or paid temporary leave, as allowed by law and contract
  - Telework
  - Change in assignment and/or location to practice social distancing
  - Provide instruction and/or support to students via online or distance learning
  - Other: \_\_\_\_\_
4. If you're not sure what accommodation is needed, do you have any suggestions about what additional options we can explore? If yes, please explain or attach information.
5. Has a healthcare professional recommended a specific accommodation? Please attach documentation from your healthcare provider.
6. Please provide any additional information that might be useful in processing your accommodation request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE RETURN COMPLETED FORMS TO THE MVED OFFICE*

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**OFFICE ONLY - Date Received:** \_\_\_\_\_ **Determination Letter Sent:** \_\_\_\_\_