



### Supplemental Accommodation Request Form

Please complete only the section that applies to your request.

#### Household member 65+ or High Risk

If you are requesting accommodation to work remotely because you have a household member who is 65+, please have them fill out and sign this form. You may upload the form along with your accommodation request, or email to [accommodations@chapman.edu](mailto:accommodations@chapman.edu). Please also provide proof of shared residence such as utility bill with physical address, etc.

I, \_\_\_\_\_, certify that I live in the same household as Chapman University  
(household member name)

employee \_\_\_\_\_, and that I am over 65 years of age and/or high risk as due  
(employee name)

to COVID-19 as of \_\_\_\_\_.  
(today's date)

Household Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Child's School or Daycare Closure

If you are requesting accommodation to work remotely because you have a child aged 12 or under whose school is closed, or a child aged 6 or under, please fill out and sign this form. You may upload this form along with your accommodation request, or email to [accommodations@chapman.edu](mailto:accommodations@chapman.edu). Please also provide the following items. (1) Proof of child's age such as birth certificate, etc. (2) Notice from the school or daycare such as web page, email announcement, etc., or other documentation.

I certify that my child attends \_\_\_\_\_, which is currently closed or under  
(Name of School)

remote/hybrid operation due to COVID-19, or;

I certify that my child's regular daycare \_\_\_\_\_, is unavailable due to COVID-19  
(Name of Provider)

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