



Supplemental Accommodation Request Form – Household member 65+

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

I, _____, certify that I live in the same household as Chapman University
(name)

employee _____, and that I am over 65 years of age as of
(employee name)

_____.
(today's date)

Signature: _____ Date: _____