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## CONFIDENTIAL

### Temporary COVID-19 Related Modification/Courtesy Request Form

The purpose of this form is to assist Harvard University in determining whether, or to what extent, a temporary modification/courtesy in response to the current COVID-19 pandemic is necessary to enable you to perform one or more essential functions of your position safely and effectively.

**Modification requests** are for individuals who self-identify as being at increased risk for severe illness from COVID-19, [per the CDC](#).

**Courtesy requests** are for individuals who have a family or household member who identifies as being at increased risk for severe illness from COVID-19, [per the CDC](#).

Please return the completed and signed Temporary Modification/Courtesy Request Form, along with medical documentation from a health care provider, to Antonia Gonzalez (contact information above).

#### To be completed by the individual requesting a temporary modification/courtesy:

Requestor Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

School/Unit/Department: \_\_\_\_\_

On-Campus Location/Address (if applicable): \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Other Local Harvard Contact, i.e. HR, Department Administrator, etc. (if applicable): \_\_\_\_\_

#### Request Details:

**For Modification Requests** (for individuals who self-identify as being at increased risk for severe illness from COVID-19, [per the CDC](#).)

Please identify the CDC COVID-19 related **medical condition** for which you seek a temporary modification: \_\_\_\_\_

The **temporary modification** requested is: \_\_\_\_\_

**For Courtesy Requests** (for individuals who have a family or household member who identifies as being at increased risk for severe illness from COVID-19, [per the CDC](#))

Please identify the CDC COVID-19 related **medical condition** of your family or household member for which you seek a temporary courtesy: \_\_\_\_\_

The **temporary courtesy** requested is: \_\_\_\_\_

Please list your relationship to the family or household member who identifies as being at increased risk for severe illness from COVID-19, [per the CDC](#): \_\_\_\_\_. Does this person live with you? Y/N

I, \_\_\_\_\_ give Harvard University permission to explore possible temporary modifications/courtesies. I understand that all information obtained during this process will be maintained and used in accordance with applicable confidentiality requirements.

I understand that I am responsible for providing medical documentation for my medical condition or the medical condition of my family or household member from a health care provider which substantiates the need for a temporary modification/courtesy.

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Signature

Date

**This document is available in alternate format upon request.**

**To access information on Harvard's efforts to ensure a safe working, learning, and residential environment during the COVID-19 pandemic, please go to this document: [Harvard COVID-19 Safe Return to Work](#).**