

The University of Virginia's College at Wise
COVID-19 Accommodation Request

Name _____

Department _____

Title _____

Email _____ Phone _____

Accommodation Start Date _____

Requested Accommodation (please be specific)

Approved Accommodation

Signatures

Employee _____ Date _____

Supervisor
(approved) _____ Date _____

Supervisor
(denied) _____ Date _____

Vice Chancellor _____ Date _____

Human Resources _____ Date _____