City and County of San Francisco
Carol Isen
Human Resources Director

Department of Human Resources
Connecting People with Purpose
www.sfdhr.org

DSW ACCOMMODATION REQUEST: SELF-CERTIFICATION FORM

(Please return this completed form to your department human resources representative, supervisor, or manager)

Name: _____ _____ _____
(Please print) (DSW ID Number) (Contact Phone)

Address: _____ _____
(Street) (City, State, Zip Code)

Department: _____ _____
(Department Name) (Division/Section/Supervisor)

I CERTIFY I AM UNAVAILABLE FOR THIS DSW ASSIGNMENT FOR THE FOLLOWING REASON:

☐ The assignment's job duties conflict with medical restrictions caused by an injury, illness, disability, or medical condition.

NOTE: Pursuant to City policy, you may be required to engage in the interactive process to identify possible reasonable accommodations that will enable you to perform the duties of this DSW assignment.

☐ Due to School/Childcare Closure **OR** the Assignment Is Outside of My Regular Work Hours and I Do Not Have Childcare

Child(ren)'s Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

School/Childcare Provider: _____ City: _____

☐ Eldercare needs (please explain): _____

☐ My ☐ My Family Member's Health Care Provider Ordered/Advised Me to Quarantine/Isolation Due to a Vulnerable Condition

Health Care Provider's Name: _____ Order/Advice Date: _____

Address: _____ City: _____ State: ____

☐ I Am Concerned About Exposure to COVID-19 ☐ I Am Concerned About Exposing My Family Member(s) to COVID-19

☐ Other (please explain): _____

AVAILABLE HOURS FOR TELECOMMUTING (If able to telecommute, identify the days and hours you can work)

☐ Mon _____ to _____ ☐ Tue _____ to _____ ☐ Wed _____ to _____ ☐ Thu _____ to _____

☐ Fri _____ to _____ ☐ Sat _____ to _____ ☐ Sun _____ to _____

ACKNOWLEDGEMENT

I understand that I am a Disaster Service Worker (DSW) and generally must accept a DSW assignment. I certify that I am unable to perform this assignment on the grounds stated above.

If my certification is based on a medical condition, I certify that my health care provider has advised me or recommended that I not perform duties that are required for this DSW assignment.

I understand that any exemption the City provides to laws requiring me to serve as a DSW during the current emergency must be based on the facts stated above. I certify the information I am providing in this self-certification form is truthful and complete. I also understand that providing false or misleading information about my ability to serve as a DSW may result in disciplinary action.

Signature: _____ **Date:** _____

cc: Employee Personnel or Medical Folder