Kenneth Franklin, President/Business Agent
AMALGAMATED TRANSIT UNION LOCAL 308
CHICAGO ORGANIZED SINCE 1902
11204 S. WESTERN AVENUE
CHICAGO, IL. 60643
(312) 782-4665
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www.atu308.org

NOTICE TO ALL MEMBERS AT HIGH RISK FOR COVID

YOU CAN APPLY TO STAY HOME WITH FULL PAY IF:

YOU ARE AGE 60 OR OLDER *or*

YOU HAVE HEART DISEASE, LUNG DISEASE, ASTHMA OR DIABETES *or*

YOU ARE PREGNANT *or*

YOUR IMMUNE SYSTEM IS COMPROMISED

IF ANY OF THESE APPLY TO YOU, YOU CAN REQUEST TIME OFF WITH FULL PAY FROM THE ACCOMODATION REVIEW COMMITTEE ("ARC").

Fill out the COVID-19 Affidavit form, available on the Local 308 website, or your work location, and be sure to include your email address-ARC will contact you via email. Fax to 312-275-8722, or send via email to ARC@transitchicago.com.

Within 48 hours you should receive a response from ARC via email.

PROTECT YOURSELF, YOUR FAMILY AND YOUR CO-WORKERS

COVID-19

REQUEST FOR REASONABLE ACCOMMODATION

Please complete this form in its entirety and keep a copy for yourself.
To assist the **Accommodation Review Committee (ARC)** in evaluating your request, you must submit relevant current medical documentation that is necessary to support your request for a reasonable accommodation. All medical information and documentation will be kept confidential. See **Administrative Procedure 1017** for further information. **NOTE: YOU ARE RESPONSIBLE FOR ANY EXPENSE INCURRED IN PROVIDING MEDICAL DOCUMENTATION TO THE ARC.**

Questions? Need help with your request? Contact the ARC Helpline at 312-681-2225, option 6, FAX: 312-275-8722 or ARC@transitchicago.com.

PLEASE PRINT OR TYPE – USE EXTRA SHEETS IF NECESSARY

Send this form and any supporting documentation, including a resume or explanation of your skills and experience attaching additional pages as necessary, to: **Chicago Transit Authority, ARC c/o Human Resources, FAX: 312-275-8722, EMAIL: ARC@transitchicago.com or MAIL: 567 W. Lake Street, 3rd Floor, Chicago, IL 60661-1465.** You will be contacted by a representative of the ARC when your request is received. The ARC will use your home address on file with the CTA to contact you.

Name: _____ Badge #: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Position: _____

Name of Current Manager/Supervisor: _____

Work Location: _____ Work Phone Number: _____

What is the medical condition for which you are requesting a reasonable accommodation? _____

Describe what part of your job you cannot do because of your medical condition: _____

Describe the accommodation you are requesting: _____

Describe how this accommodation would help you: _____

Provide any other information that will help the ARC reach its decision: _____

Signature _____ Date _____

Accommodation Review Committee - ARC
COVID-19 Affidavit

This document pertains only to Chicago Transit Authority employees seeking a Reasonable Accommodation in conjunction with policies and procedures set forth by the Authority due to the current COVID-19, Coronavirus outbreak.

By completing and signing this document, you are swearing that you have been diagnosed with an underlying serious medical condition that subjects you to increased risk from the COVID-19 outbreak if you were to continue working in your current capacity.

You are required to provide all of the following information in relation to your Accommodation request. Any space left blank may delay your request.

- State your specific serious medical condition which makes it difficult for you to continue working and how your condition affects your ability to continue working.

  _____

  _____

- Are you currently being treated by a licensed physician for the above stated medical condition?
  Yes _____ No _____

If approved, your Accommodation request will be valid for 2 weeks from the date of your completed *Request for a Reasonable Accommodation Form, #702.05* and this ARC Affidavit. An extension of this period may be granted based on the Authority's applicable Policies and Procedures.

If you are seeking to extend your Accommodation request, you must provide a new, completed and signed *Request for a Reasonable Accommodation Form, #702.05*, as well as a new, completed signed Affidavit at least 5 calendar days prior to the Accommodation expiration date.

This request is subject to approval pursuant to *AP 1017-Reasonable Accommodations in the Workplace for Employees with Substantial Medical Restrictions and/or Disabilities.*

By signing this document you swear that all information is true and accurate. Falsification of any information may be subject to discipline, up to and including termination.

Print Name: _____ Badge #: _____

Your Signature: _____ Date Signed: _____

(To be completed by the Accommodation Review Committee):
Decision: __ Approved __ Denied __ Need Additional Information

_____ _____
Chairperson, Accommodation Review Committee Date