

REQUEST FOR TEMPORARY WORK ADJUSTMENT RELATED TO COVID-19

Employees who are concerned about returning to onsite work because they are a high-risk individual, live with a high-risk individual, or have another COVID-related reason should complete this form. The fully signed form should be sent to UHRM. UHRM will confirm to the supervisor that the employee is eligible to request a **Temporary Work Adjustment (TWA)**. Completing this form is no guarantee that the temporary work adjustment will be approved. Temporary work adjustments must be analyzed by the department and may be approved based on the needs and abilities of the department using fair and objective criteria (with oversight from the cognizant VP).

Employee Information	
Name: _____	Employee ID # _____
Email Address: _____	Home/Cell Phone: _____
Department: _____	Work Phone: _____
Supervisor: _____	Position: _____

High-Risk Individual – CDC Criteria	
The CDC has warned that older adults (age 65 or older) and people of any age who have one of the following serious underlying medical conditions might be at higher risk for severe illness from COVID-19:	
<ul style="list-style-type: none">– Chronic lung disease or moderate to severe asthma;– A serious heart condition;– Immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);	<ul style="list-style-type: none">– Severe obesity (body mass index [BMI] ≥ 40);– Diabetes;– Chronic kidney disease undergoing dialysis; or– Liver disease.– In addition, the State of Utah has cautioned about individuals who are pregnant and should be monitored, since they are known to be at greater risk for severe viral illness.

Employee Certification	
I hereby certify:	
<input type="checkbox"/> I meet one or more of the CDC's criteria to be considered an individual at high risk (set forth above).*	
<input type="checkbox"/> I live with _____, who is an individual who meets one or more of the high risk criteria above and I am unable to adjust my living situation to avoid close contact with them.*	
<input type="checkbox"/> I am age sixty-five (65) or older or live with an individual who is age sixty-five (65) or older.	
<input type="checkbox"/> I have a personal reason (not related to the CDC high-risk criteria) that I would like considered for a TWA. I understand that the details of my request will be shared with my dean or supervisor and that approval of the requested TWA is at the discretion of the dean/supervisor. The reason for my request is <i>(please describe in detail)</i> : _____ _____ _____	
I am requesting the following TWA:	
<input type="checkbox"/> Unpaid Leave of Absence from _____ to _____.	
<input type="checkbox"/> Working remotely from _____ to _____.	
<input type="checkbox"/> Other: _____	
Employee Signature: _____	Date: _____

* Health Care Provider Certification <i>(Required for an Individual Who is Under 65 and at High Risk)</i>	
I hereby certify that the above-referenced individual meets one or more of the High Risk Individual Criteria outlined above.	
Health Care Provider Signature: _____	Date: _____
Health Care Provider Name: _____	