



## COVID-19 Temporary Workplace Adjustment Form

Complete this form to request a temporary work adjustment. Please send a copy of this form signed by the employee only directly as an attachment to Human Resources at: [dyeatts@methodist.edu](mailto:dyeatts@methodist.edu).

### Faculty Information:

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

MU E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

### Workplace Adjustment Work Request:

Fully Remote:       Partial Remote:       Other:

Please use the following text box to indicate which courses and sections you are asking to teach remotely. If other is chosen, please indicate what workplace adjustment is being requested. Please enter any other comments related to your request. If approved for a workplace adjustment for remote teaching, your dean will require you to submit a complete remote teaching plan.

I understand by submitting this form, I am requesting a temporary workplace adjustment for the fall 2020 semester and will be required to provide medical documentation to support that I am at high risk for severe illness as defined by the Centers for Disease Control (CDC).

I understand that a medical note from a healthcare provider must be provided to Human Resources before my request will be conditionally approved to move forward for consideration by the Dean and Provost. When obtaining a medical note from your healthcare provider, Human Resources needs for the healthcare provider to provide a statement that you either have a medical condition(s) or otherwise meet the definition of high risk for severe illness as defined by the CDC. Your medical documentation will not be shared outside of HR and will remain confidential. I also understand that Methodist University may modify or suspend the temporary workplace adjustment arrangement at any time.

Employee Signature: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Dean Signature: \_\_\_\_\_

Provost Signature: \_\_\_\_\_