



## 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: [jdumond@methodist.edu](mailto:jdumond@methodist.edu).

### Employee Information:

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

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

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

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

Employee Status: Full Time:  Part Time:

### Workplace Adjustment Request:

Fully Remote:  Partial Remote:

Please use the following text box to expand on your adjustment request, especially if you have chosen partial remote and provide summary details as to how you will complete your work effectively under this requested arrangement. If approved for a workplace adjustment for full or partial remote work, your supervisor will request a further detailed plan as to how you plan to fulfill your work expectations.

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 my supervisor and Vice President. 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: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

VP Signature: \_\_\_\_\_