



## Flexible Work Request Form: Staff

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

Employee ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Department Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

**Please check one:**  Non-exempt (Hourly) Staff  Exempt (Salaried) Staff

I am an employee who has been directed by my supervisor to return to my position on campus. I am requesting the ability to work remotely for the following reason: (Please select **only one** option)

- A. I have an increased risk for severe illness [as defined by the CDC](#) due to COVID-19. *By selecting this option, I understand that I must also make a request through the ADA process and contact the Leave Coordinator in Human Resources.\**
- B. I have a family member and/or a member of my household for whom I provide primary care that is at an increased risk for severe illness [as defined by the CDC](#) due to COVID-19.
- C. Other:

\_\_\_\_\_  
\_\_\_\_\_

*\*Please do not provide any medical or health information on this form. Contact HR to discuss any request for an ADA accommodation due to a medical condition.*

**Please complete and submit this form to your direct supervisor.** Your supervisor, Dean/Director, and/or Vice-President will review your request and forward to Human Resources for final approval.