COVID-19 Employee Request to Continue to Telework Exclusively

Employee Name: _______________________________ Date: ____________

The following list identifies individuals as high-risk for severe illness if they contract COVID-19:

- Bone marrow or organ transplant
- Cancer treatment or taking medicines that weaken your immune system, like corticosteroids
- Chronic lung disease
- Diabetes
- Hemoglobin disorders (sickle cell disease and thalassemia)
- Hypertension or high blood pressure
- Immune system deficiencies or HIV
- Kidney disease that needs dialysis
- Liver disease
- Moderate to severe asthma
- Neurologic conditions, such as dementia
- Obesity (BMI greater than 30)
- Pregnancy
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Smoking
- Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children.

USBE is asking all employees to wear a face covering in accordance with the Governor’s Executive Order requiring face coverings in state facilities. USBE will also provide hand sanitizer in public areas and cleaning supplies. Additional PPE such as N-95/KN-95 masks, face shields and/or barriers may be provided upon request through your immediate supervisor.

Please select from the following if you would like to be considered to continue working exclusively from home due to the COVID-19 pandemic. Some positions may not be able to continue working from home. The decision will be made by management in consultation with HR on a case-by-case basis, and will take into consideration factors including the essential functions of the position and employee performance.

- I would like to continue to work from home because I am at high risk for COVID-19 health complications.
- I would like to continue to work from home because I live with someone that is considered high risk for COVID-19 health complications.
- I would like to continue to work from home because my dependent will engage in distance learning, or my dependent’s day care is closed due to COVID-19.
- I would like information on other possible options for my return to work.
- I would like information on requesting an accommodation for a qualifying condition under ADA.

_________________________________________________ ____________________
Employee Signature Date
Supervisor

❑ I Approve the request for the employee to continue working from home through January 1, 2021
❑ Modifications to the employees request are needed (please consult with HR)

Reasons for modifications to employee request:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

_________________________________________________  ___________________
Supervisor Signature                                             Date

Approved modifications:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

_________________________________________________  ___________________
HR Director Signature                                          Date

Please return completed form to michelle.watts@schools.utah.gov