



## 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](mailto:michelle.watts@schools.utah.gov)