

The university's response to the COVID-19 pandemic is designed to sustain the health and safety of our faculty, students, staff and campus community, while maintaining our mission of changing lives through education.

Faculty and staff who have been instructed to return to campus on-site and have concerns about doing so may request a temporary workplace adjustment. Please use this form to request an individual consideration for a temporary workplace adjustment due to circumstances of high-risk for severe illness in accordance with the CDC [government guidance](#). These circumstances may impact your ability to work on campus or to comply with workplace safety requirements. You should notify your supervisor you will be submitting a request for consideration of a temporary workplace adjustment. The Office of Human Resources will work in consultation with respective divisional leadership to advise and assist with their final determination.

**You may be entitled to a reasonable accommodation if those concerns are related to an underlying health condition, depending on your circumstances.** You will be contacted by the [Office of Human Resources](#) as appropriate. Any health-related information you provide on this form will be kept completely confidential and will be maintained in the Office of Human Resources.

EMPLOYEE INFORMATION				
Employee Name:		Title:		
Banner ID #:				
Email address:		Contact telephone #:		
Department:		Supervisor Name:		
NATURE OF REQUEST				
Please select from the options below.				
Work Type		Work Days	Proposed Start Date	Proposed End Date
On-Campus Work	<input type="checkbox"/> Full-Time	S M T W T F S		
	<input type="checkbox"/> Part-Time: Hrs			
Telework/Remote	<input type="checkbox"/> Full-Time	S M T W T F S		
	<input type="checkbox"/> Part-Time: Hrs			
Leave	<input type="checkbox"/> Full-Time	S M T W T F S		
	<input type="checkbox"/> Part-Time: Hrs			
Provide any additional scheduling details related to your request:				
REASON(S) FOR REQUEST				

Select all options that apply to your request above. (Documentation requirements, if any, are listed on the next page.)

- Based on my age (65 or older) and/or one or more [medical conditions](#), I would face a high risk of severe illness if I were to become infected with COVID-19.
- I have childcare needs due to a school/childcare facility closing or unavailable childcare provider related to COVID-19.
- I am subject to a federal, state, or local quarantine or isolation order or have been advised by a healthcare provider to self-quarantine related to COVID-19.

- I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order or has been advised by a healthcare provider to self-quarantine related to COVID-19.
- I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
- Other non-medical reason (*explain*):

#### DOCUMENTATION REQUIREMENTS

- For childcare needs, acceptable documentation includes but is not limited to a letter or email from the school, childcare facility, or childcare provider, or a printout from their web page indicating a closure.
- For a quarantine/isolation order or recommendation for yourself, attach a copy of the governmental order or a note from your healthcare provider.
- For a quarantine/isolation order or recommendation for an individual for whom you are caring, attach a statement certifying that you are caring for the individual and a copy of the governmental order or a note from the individual's healthcare provider.
- For other health-related reason, the Office of Human Resources will determine and request the required documentation.

**Employees should provide this request form and supporting documentation directly to the Office of Human Resources via email to [nicole.snipes@uncp.edu](mailto:nicole.snipes@uncp.edu).**

Contact the followings office and/or individuals below with any COVID-19 related inquires:

- Office of Human Resources
  - Families First Coronavirus Response Act (FFCRA) ~ Nicole Snipes [nicole.snipes@uncp.edu](mailto:nicole.snipes@uncp.edu)
  - ADA request or Title VII accommodations ~ Nicolette Campos [nicolette.campos@uncp.edu](mailto:nicolette.campos@uncp.edu)