

REQUEST FOR TEMPORARY WORK ADJUSTMENT RELATED TO COVID-19

July 1, 2021 – December 31, 2021

(Forms for Spring Semester 2022 may be submitted starting October 1, 2021)

Employees who are concerned about returning to onsite work because they live with a high-risk individual who: 1) does not have access to the COVID-19 vaccination; 2) has a medical condition that prevents them from receiving the COVID-19 vaccination; or 3) are still at high-risk even after receiving the vaccination may complete this form. (If you have a medical condition that you believe should qualify you for an accommodation, please visit HR's [ADA website](#) for more information). The fully signed form should be sent to University Human Resource Management (AskHR@utah.edu). UHRM will confirm to the supervisor that the employee is eligible to request a **Temporary Work Adjustment (TWA)**. Completing this form is no guarantee that the temporary work adjustment will be approved. Temporary work adjustments must be analyzed by the department and may be approved based on the needs and abilities of the department using fair and objective criteria (with oversight from the cognizant VP).

Employee Information	
Name: _____	Employee ID # _____
Email Address: _____	Home/Cell Phone: _____
Department: _____	Work Phone: _____
Supervisor: _____	Position: _____

High-Risk Individual – CDC Criteria
The CDC has warned that older adults (age 65 or older) and people of any age who have one of the following serious underlying medical conditions might be at higher risk for severe illness from COVID-19:
<ul style="list-style-type: none">• Asthma: moderate to severe• Cancer• Cerebrovascular Disease• Chronic Kidney Disease• COPD• Cystic Fibrosis• Down Syndrome• Heart conditions such as heart failure, coronary artery disease, cardiomyopathies• Hypertension or high blood pressure• Immunocompromised due to organ, blood, or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or other immune weakening medicines• Liver Disease• Neurologic Conditions such as dementia• Overweight (BMI > 25)• Pregnancy• Pulmonary Fibrosis• Sickle Cell Disease• Smoking• Thalassemia• Type I or II Diabetes

Employee Certification
I hereby certify:
<input type="checkbox"/> I live with _____, who is an individual who meets one or more of the high risk criteria above and 1) does not have access to the COVID-19 vaccination, 2) has a medical condition that prevents them from receiving the vaccination, or 3) is still at high-risk even after receiving the vaccination, and I am unable to adjust my living situation to avoid close contact with them.*
I am requesting the following TWA:
<input type="checkbox"/> Unpaid Leave of Absence from _____ to _____.
<input type="checkbox"/> Working remotely from _____ to _____.
<input type="checkbox"/> Other: _____
Employee Signature: _____ Date: _____

Health Care Provider Certification
I hereby certify that the above-referenced individual meets one or more of the high risk criteria above and 1) does not have access to the COVID-19 vaccination, 2) has a medical condition that prevents them from receiving the vaccination, or 3) is still at high-risk even after receiving the vaccination.
Health Care Provider Signature: _____ Date: _____
Health Care Provider Name: _____