

REQUEST FOR TEMPORARY WORK ADJUSTMENT RELATED TO COVID-19

Fall Semester 2022

Employees who are concerned about returning to onsite work because they: 1) live with an infant who is less than six months old, or 2) live with a high-risk individual who has a medical condition that prevents them from receiving the COVID-19 vaccination or 3) live with a high-risk individual who has a medical condition who is 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 or more of the serious underlying medical conditions found at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> may be at higher risk for severe illness from COVID-19.

Employee Certification

I hereby certify:

- I live with an infant who is less than six months old, or
- I live with _____ who is a high-risk individual who has a medical condition that prevents them from receiving the COVID-19 vaccination or 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:

- Unpaid Leave of Absence from _____ to _____.
- Working remotely from _____ to _____.
- 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 has a medical condition that prevents them from receiving the vaccination, or is still at high-risk even after receiving the vaccination.

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name: _____

University Human Resource Management

250 East 200 South, Suite 125, Salt Lake City, Utah 84111 Phone: (801) 581-7447

Fax Completed Form to UHRM at: (801) 585-7375 / Email Completed Form to UHRM at: AskHR@utah.edu