

COVID-19 TELEWORK REQUEST

Fall 2020 Semester

This request should be completed by the faculty member seeking to work remotely because of the COVID-19 crisis. To evaluate the request, this form must be completed in its entirety and proper documentation attached.

Employee Telework Information:

Employee Name:
CWID#:
Email Address:
Phone:
Job Title:
Department:
Department Head:

I am requesting to work remotely for the 2020 fall semester for the reason indicated below. ***DOCUMENTATION MUST BE ATTACHED:***

- I have been advised by a health care provider to self-quarantine related to COVID-19; or
- I am "at risk" (as an older adult or have an underlying medical condition) and, based on a medical opinion, I wish to remain isolated; or
- I am caring for an individual who is subject to quarantine or isolation order related to COVID-19; or
- I am caring for a son/daughter whose school/place of care has been closed or provider is unavailable; or
- Other (please list): _____

EMPLOYEE DATE

Please return this form to Human Resources at covid19hr@nsula.edu or via inter office mail no later than close of business, MONDAY, JULY 27, 2020. Completion of this form does not signify "approval." Employee will be contacted by Department Head once final approval is granted.

For Office Use Only	Received	Approved	Not Approved
Human Resources	_____	_____	_____
Supervisor	_____	_____	_____
Academic Dean	_____	_____	_____
Provost	_____	_____	_____