

EMERGENCY TELEWORK REQUEST DUE TO MEDICAL CONDITION (SELF OR HOUSEHOLD)

To request Emergency Telework Approval due to pre-existing medical conditions related to COVID-19, please complete the following request form as soon as possible.

Documentation supporting the need for this request must be provided when submitting this request. Submitting this request is not a guarantee of approval and should not be considered automatic.

Please note all positions cannot be considered for telework due to the nature of the work and job responsibilities.

First Name

Middle Name

Last Name

Department

Manager/Supervisor/Principal

Position Name

Location

I am requesting this Emergency Telework consideration because of my current medical conditions or the medical conditions of a household member.

- I currently have a pre-existing condition as designated by the CDC.
- I have a household member with a pre-existing condition as designated by the CDC.

Furthermore,

- I attest I am able to perform my job duties fully in a telework environment with no accommodation.
- I attest that there is no other option for care for the household member.

I, _____, provide the following information

in support of my requested Emergency Telework due to medical condition.

- Documentation from healthcare provider certifying the need for Emergency Telework accommodation

Signature

Date