

Employee Flexibility Request Form for On-Site Work

I. EMPLOYEE DATA			
Employee Name:		Date:	Click or tap to enter a date.
Position:			
Contact Information: <i>(email/phone)</i>			
Department:		Supervisor Name:	

II. NATURE OF REQUEST				
<i>Please select what you are requesting from the options below. You will note your reason(s) in the next section.</i>				
Work Type	Proposed Start Schedule	Workdays	Proposed Start Date	Proposed End Date
On-Site Work	<input type="checkbox"/> <i>Full-Time</i> <input type="checkbox"/> <i>Part-Time: Hrs.</i>	M T W T F	Click or tap to enter a date.	Click or tap to enter a date.
Telework	<input type="checkbox"/> <i>Full-Time</i> <input type="checkbox"/> <i>Part-Time: Hrs.</i>	M T W T F	Click or tap to enter a date.	Click or tap to enter a date.
Leave	<input type="checkbox"/> <i>Full-Time</i> <input type="checkbox"/> <i>Part-Time: Hrs.</i>	M T W T F	Click or tap to enter a date.	Click or tap to enter a date.
Provide any additional scheduling details related to your request:				
<input type="checkbox"/> <i>Check box here if you are unable to telework in any way due to your job responsibilities or technology considerations.</i>				

III. REASON(S) FOR REQUEST
<p>Select all options that apply to your request above. (Documentation requirements, if any, are listed on the next page.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I have childcare needs due to a school/childcare facility closing or unavailable childcare provider related to COVID-19.</p> <p><input type="checkbox"/> I have eldercare needs due to an eldercare facility closing related to COVID-19.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.</p> <p><input type="checkbox"/> Other medical reason.</p> <p><input type="checkbox"/> Other non-medical reason (<i>explain</i>): _____</p>

IV. SIGNATURE			
Employee Signature:		Date:	

Please submit this completed request form to Kay Faircloth (jfaircl6@uncfsu.edu) in HR for review. Your request will be discussed with your supervisor. You will receive a written response to your request.

V. HR USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	HR Representative:		Date:

Employee Flexibility Request Form for On-Site Work

V. Documentation Requirements Based on Request Reason

Supporting documentation will be required as indicated below, based on the reason for your request for consideration for flexibility.

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.

- If request is due to medical condition that presents high risk of severe illness, provide a doctor's note on the doctor's letterhead indicating that you are at high risk for severe illness based on current CDC guidance, which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>. Your doctor should include the start and end dates that they recommend you to be approved for telework or leave.

I have childcare needs due to a school/childcare facility closing or unavailable childcare provider related to COVID-19.

- Include the name(s) of the child, the child's age, and the school or childcare facility that is closed or operating virtually due to COVID-19.

I have eldercare needs due to an eldercare facility closing related to COVID-19.

- Attach to this form the following details:
 - Name and relationship of person for whom you are providing care
 - Name of the eldercare facility that is closed, contact person for the facility and phone number.

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.

- Provide evidence of order or doctor's note on letterhead indicating advice to self-quarantine

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.

- Provide evidence of order or doctor's note on letterhead indicating advice to individual to self-quarantine
- Provide name and relationship of person for whom you are caring

I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.

- Note from healthcare provider on letterhead with advice to self-quarantine or document indicating date of COVID-19 testing

Other medical reason.

- Note from healthcare provider on letterhead explaining reason for requested absence. Please note, you may wish to speak with Kay Faircloth in the Office of Human Resources prior to contacting your healthcare provider, as more extensive documentation may be required.