

**Instructions for VSU Temporary Alternative
Work Arrangement Request Form Due to
COVID-19**

- Fill out applicable request form.
- Save the completed form to your computer.
- Send the form to the Office of Human Resources via email at: ADArequests@vsu.edu

VSU Temporary Alternative Work Arrangement Request Form/VSU COVID-19

In addition to accommodations provided in accordance with the ADA, Virginia State University (VSU) may provide an alternative work arrangement for employees in response to public health emergency guidance when it will enable the performance of the employee’s essential functions and when doing so does not create an undue hardship to the institution.

Employees who are requesting temporary alternative work arrangements must complete this request form along with supporting documentation (if applicable) to the Office of Human Resources at ADArequests@VSU.edu.

- **A confidential interactive discussion with your manager is encouraged for employees who are seeking reasonable accommodations. You may not need to complete the form if you and your management team have already worked out a solution to your request.**
- If you complete the form and more information is needed after the review, the institution may request that you ask your health care provider to confirm your disability and/or the need for the requested alternative work arrangements.
- It is your responsibility to ensure that your health care provider statement or other supporting documentation is returned to the Office of Human Resources (if applicable).
- You are not required to disclose to your immediate supervisor your medical condition.

EMPLOYEE INFORMATION		
Employee Name:	Employee ID #:	
Employee Job Title:	Employee Department:	
Home Phone Number:	Cell Phone Number:	E-mail:
Supervisor Name:	Supervisor E-mail:	
VOLUNTARY DISCLOSURE OF HEIGHTENED RISK:		
What CDC/Virginia Department of Health circumstance or underlying medical condition puts you at a greater risk for severe illness from the public health emergency related to COVID-19?		
REQUESTED/SUGGESTED ALTERNATIVE WORK ARRANGEMENTS:		
What specific alternative work arrangements are you requesting? Please select from the options below:		
<input type="checkbox"/> Modification of job duties. Please describe:		
Duration requested: _____ until end of public health emergency per CDC/VDH.		

VSU COVID-19 Temporary Alternative Work Arrangement Request Form

Modification of work schedule (telework, flexible scheduling, reduction of hours, etc.). Please describe:

Duration requested: _____ until end of public health emergency per CDC/VDH.

Modification of physical environment (i.e. plexiglass guard, alternative on-site work location). Please describe:

Duration requested: _____ until end of public health emergency per CDC/VDH.

Leave of absence: Please describe:

Duration requested: _____ until end of public health emergency per CDC/VDH.

Classroom Reassignment. Please describe (include current and desired assignment):

Duration requested: _____ until end of public health emergency per CDC/VDH.

JOB DUTIES and ESSENTIAL FUNCTIONS

Please describe each of your primary job duties or provide a copy of your Employee Work Profile:

Which of your duties do you perceive could be performed with alternative work arrangements, and how?

JUSTIFICATION NARRATIVE

Please describe how the alternative work arrangements requested above will allow you to perform the essential functions of your position (attach separate sheet if necessary):

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EMPLOYEE CERTIFICATION

I certify that the above information is accurate and complete. I understand that I must contact the Office of Human Resources regarding any changes or deviations to this request once submitted.

Employee Signature

HUMAN RESOURCES USE ONLY

Required documentation (if applicable) received from employee:

Yes

No

Received on date: _____

Accommodations Decision:

Approved

Denied

Signature of OHR/ADA Representative: