



**I. EMPLOYEE INFORMATION**

<b>Employee Name:</b>		<b>Date:</b>	
<b>Position:</b>			
<b>Email:</b>		<b>Phone:</b>	
<b>Department:</b>		<b>Supervisor:</b>	

**II. NATURE OF REQUEST**

Indicate your requested schedule, which may include one or more work types, either individually or in combination.

Work Type	Schedule Request	M	T	W	T	F	Proposed Start Date	Proposed End Date
On-Site Work	<input type="checkbox"/> Full-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Part-Time: Hrs/wk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Telework	<input type="checkbox"/> Full-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Part-Time: Hrs/wk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Leave	<input type="checkbox"/> Full-Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Part-Time: Hrs/wk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Provide any additional scheduling details related to your request:

Click here if you are unable to telework in any way due to your job responsibilities or technology considerations.

**III. REASON(S) FOR REQUEST**

Select all options that apply to your request above. (Supporting documentation, including medical documentation, may be required for certain requests. Please carefully review the documentation requirements section on the next page.)

- Age/Health:** Based on my age (65 or older) and/or medical condition(s), I face a high risk of severe illness from COVID-19.
- Child Care:** I have child care needs due to a school/care facility closing or unavailable child care provider related to COVID-19.
- Elder Care:** I have elder care needs due to an elder care facility closing related to COVID-19.
- Self-Quarantine (Self):** 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.
- Self-Quarantine (Other):** 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.
- COVID-19 Symptoms:** I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.
- Other Medical Reason**
- Other Non-Medical Reason (explain):** \_\_\_\_\_

**IV. REQUEST FOR CONSIDERATION ON WEARING A FACE COVERING FOR ON-SITE WORK**

Indicate below if you are requesting not to wear a face covering working on-site (Supporting documentation may be required.)

<input type="checkbox"/> Requesting for a Medical Reason	<input type="checkbox"/> Requesting for a Non-Medical Reason (explain):
<input type="checkbox"/> Not Requesting	

VI. SIGNATURES			
Employee Signature:		Date:	

V. SUPERVISOR REVIEW		
<input type="checkbox"/> <b>Approved as Requested.</b>	<input type="checkbox"/> <b>Accepted with Modifications</b> <i>(explain below).</i>	<input type="checkbox"/> <b>Declined</b> <i>(explain below).</i>

VI. SIGNATURES			
Supervisor Signature:		Date:	

*NOTE: A supervisor may reassess on a periodic basis the terms and conditions approved above to determine if such flexibility may continue.*

**DOCUMENTATION REQUIREMENTS**

- For child care needs, acceptable documentation includes but is not limited to a letter or email from the school, child care facility, or child care provider, or a printout from their web page indicating a closure.
- For elder care needs, acceptable documentation includes but is not limited to a letter or email from the elder care facility or a printout from their web page indicating a closure.
- For a quarantine/isolation order or recommendation for yourself, attach a copy of the governmental order or a note from your healthcare provider.
- For a quarantine/isolation order or recommendation for an individual for whom you are caring, attach a statement certifying that you are caring for the individual and a copy of the governmental order or a note from the individual’s healthcare provider.
- For other health-related reasons, you will need to provide a doctor’s certification that supports your request. It is strongly recommended that you provide specific medical documentation from a certified health care provider to support your request. (I.E. Current Doctors note, etc.)

**REQUESTS THAT INCLUDE MEDICAL REASONS:** Employees should provide this request form to their supervisor for review and discussion of the proposed schedule. Employees should not share any personal medical documentation with their supervisor, other than an order from a public health official or recommendation from a healthcare provider to self-quarantine. Employees should provide any other medically identifiable documents directly to the Benefits Office [hr.benefits@ncat.edu](mailto:hr.benefits@ncat.edu). Once the form is completed, the supervisor sends this form, to Human Resources.

**REQUESTS THAT DO NOT INCLUDE MEDICAL REASONS:** Employees should provide this request form to their supervisor for review and discussion of the proposed schedule. The supervisor may review appropriate documentation and may consult with Employee Relations as needed. Once the form is completed, the supervisor sends this form, along with any supporting documentation, to Human Resources.

*For questions or concerns about this form or process, please email: [prtw@ncat.edu](mailto:prtw@ncat.edu).*