

Carbon Cliff-Barstow District #36 – Eagle Ridge School

COVID-19 Temporary Workplace Modification Request Form

Employee Name:	Position:
Telephone Number:	

This form is a part of a temporary workplace modification policy available on a temporary basis for the fall semester of 2020. Any modifications granted will be on a temporary basis and may be ended with limited notice.

Reason for alternative work arrangement request (please check all that apply):

- I am in a high-risk category as identified by the CDC.

- Someone in my household has an at-risk condition identified by the CDC.

People who are at increased risk for severe illness from COVID-19, as identified by the CDC, include those aged 65 or older and/or those who have any of the following underlying medical conditions: chronic kidney disease, COPD (chronic obstructive pulmonary disease), immunocompromised state from solid organ transplant, obesity (body mass index of 30 or higher), serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies, sickle cell disease, and type 2 diabetes mellitus.

According to the CDC, people with the following underlying medical conditions might be at an increased risk for severe illness from COVID-19: asthma (moderate-to-severe), cerebrovascular disease, cystic fibrosis, hypertension or high blood pressure, immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines, neurological conditions, such as dementia, liver disease, pregnancy, pulmonary fibrosis, smoking, thalassemia, and type 1 diabetes.¹

- Other reason(s) workplace modification may be needed. Please explain in the box below:

¹ Based on CDC guidelines revised on June 25, 2020.

Describe the specific workplace modification(s) that you (employee) are requesting to address the concerns listed above.

- Limited class size
- Teaching location with greater physical distancing than 6 feet
- Implementation of increased barriers – plexiglass or others
- Change of teaching schedule to low-population times – evenings, weekends or other times
- Moving a portion of duties to distance or remote work
- Moving all duties to distance or remote work
- Reduction in teaching load
- Leave of Absence

Please use the box below to provide information on how the modifications selected will address the identified issues and preferences of those options chosen.

Employee signature

Date

Employees who are requesting workplace accommodations under the Americans with Disabilities Act should follow the procedures outlined in the School’s ADA policy, which can be found in the Board Policy Manual 2019 at: www.ccb36.com.

Please submit the completed form to elawson@ccb36.com with the subject line: COVID-19 Workplace Modification Request. *Requests for workplace modifications will be reviewed and responded to in a timely manner. Please submit any questions to elawson@ccb36.com or call 309-792-2002.* Administration will contact all individuals who are requesting a temporary workplace modification to discuss what modifications might address their particular situation while meeting school operating requirements. Any final approved workplace modification will be issued in writing by the Administration. All submitted information will be treated as confidential and will be used only for purposes of considering any temporary workplace modification granted. All submitted information will be held in the strictest confidence and details will only be shared for decision making matters on specific workplace modifications. As noted above, this process is not intended to replace the existing procedures and accommodations available to employees under the Americans with Disabilities Act.

By considering this request or granting an alternative work arrangement, Carbon Cliff-Barstow School District #36 is not considering or regarding the employee as having a disability as defined by the Americans with Disabilities Act, the ADA Amendments Act of 2008.

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Decision: _____

Notification date: _____