

Faculty Adjustment Request Form

For COVID-19 Mitigation Purposes Only

To Be Completed By Employee:

Name: _____ Department / Supervisor: _____

- I am seeking an adjustment for a personal need; I have requested an accommodation through the Office of Disability Resources and Services (DRS), and it has been determined that no accommodation is available to me through DRS.
- I am seeking an adjustment due to circumstances that do not qualify for accommodation through DRS, such as the health or medical condition of someone else.

Please describe **at least two (2)** suggested adjustments to your working conditions that you believe would mitigate your risk in connection with COVID-19 and the circumstances indicated above:

1. _____

2. _____

- I understand that my suggested adjustments may not be available and I am willing to discuss alternative adjustments to my working conditions other than those listed above.

Employee Signature

Date

To Be Completed By Supervisor:

Supervisor Name / Department: _____

Employee: _____

Agreement reached and adjustment provided.

Adjustment provided:

No agreement reached and adjustment not provided.

Alternative adjustment(s) offered and rejected by Employee:

Supervisor Signature

Date