

Request for Flexible Work Arrangement

Note: Flexible work arrangement requests during the COVID-19 emergency will be reviewed, and decisions to approve or not approve requests will be based upon university operational needs. Forms should be completed and submitted to the Human Resources Department by Friday, July 17, 2020. Requests will continue to be accepted and reviewed after the deadline, but priority will be given to those requests submitted by July 17, 2020. The documents can be submitted to HRConnect@bloomu.edu, faxed to HR's confidential fax number (570) 389-3089, mailed to Human Resources, Waller Administration Building, Room 105, 400 East Second St., Bloomsburg, PA 17815, or you may call (570) 389-4415 to make an appointment to drop the form off personally to Human Resources.

Name: _____ University: _____
Department: _____ Status (FT/PT): _____
Job Title: _____ Employee Group: _____
Phone #: _____ Email: _____

I am requesting a flexible work arrangement because I am an older adult.

I am requesting a flexible work arrangement because I am at increased risk for severe illness from COVID-19 due to a medical condition as defined by the CDC. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

Please attach a medical note from a health care provider for all conditions that put you into an increased risk category for severe illness from COVID-19.

I am requesting the following flexible work arrangement: (e.g. work schedule change, telework, work location change, etc.) If you are requesting a schedule change or work location change, please also include your proposed schedule change (days and times) and/or proposed work location.

Employee Signature

Date

For Human Resources Only

Date Request Received _____ Date Supporting Documentation Received _____

Approved: _____ Not Approved: _____ Reason, if not approved _____