



## Request for Temporary COVID-19 Health Accommodation

On March 5, 2021, Governor Henry McMaster issued [Executive Order 2021-12](#), which directed all state agencies and educational institutions to immediately expedite the transition back to normal operations.

Most University employees will be returning to the workplace by April 5. Therefore, employees with [serious health conditions](#) as defined by the Centers for Disease Control and Prevention (CDC) may request a **temporary health accommodation** to continue to work remotely until they have had a reasonable opportunity to become fully vaccinated per the [CDC guidelines](#). These employees should plan to return to work on or before April 26, 2021, with each situation being reviewed on a case-by-case basis.

This form and request process should only be used by employees who have a serious health condition based on the [CDC high risk categories](#) who would like to continue working remotely until they have had a **reasonable opportunity to become fully vaccinated**. To proceed with this form, employees must have previously approved, formal temporary accommodations to work remotely related to COVID-19 documented with the Office of Access and Equity.

For full consideration, these employees must complete this form and submit it to their supervisor for review by April 17, 2021. Please do not submit specific medical information to your supervisor and instead submit all medical documents through the Office of Access and Equity.

**Employees who do not yet have approved, formal temporary accommodations to work remotely related to COVID-19 should first seek formal approval by submitting the form on the [Employee Guidance to Request Accommodations including Telecommuting due to COVID-19](#) website.**

Those not planning to receive the vaccine, will follow the standard University return to workplace guidance, provided there are no other circumstances that would warrant an accommodation under the Americans with Disabilities Act (ADA).

## TEMPORARY COVID-19 HEALTH ACCOMMODATION

Employee Name: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Employee College/Division: \_\_\_\_\_

Employee Department: \_\_\_\_\_

Anticipated Return to Campus Work Date: \_\_\_\_\_

**Anticipated date should be on or before** April 26, 2021, with each situation being reviewed on a case-by-case basis.

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

### EMPLOYEE ACKNOWLEDGMENT

I certify that I have approved accommodations through the Office of Access and Equity based upon the criteria published by the CDC on increased risk for COVID-19. I understand that the accommodation approved under this process is temporary in duration and will be adjusted as conditions warrant and based upon the needs of the University.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### DEPARTMENT REVIEW

Can the employee complete the essential functions of their position description while working remotely (please choose one):                      YES                      NO

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Supervisors should return the completed, signed form to Access and Equity at [cuae@clermson.edu](mailto:cuae@clermson.edu).***

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Optional)