



COVID-19 RELIEF FORM: TELECOMMUTING/REMOTE EXCEPTION REQUEST

This purpose of this form is to provide employees with the opportunity to request relief after a request to telecommute has been denied although a COVID-19 related reason has been cited.

Employee's Name/EEID #: _____ Job Classification: _____

Department/Division/Section: _____ Supervisor/Manager: _____

Specific request for relief: Alternative Workplace or Telecommute

If Alternative Workplace is requested, specify requested location: _____

Please identify the COVID-related reason that you feel your request should be considered as well as any impacts or challenges that are relevant:

By signing below, you are indicating that Board Policy K-3, Telecommuting Program and the Telecommuting Program Guide have been fully reviewed and you will abide by the terms if authorized to telecommute or work from an alternative workplace. Further, you acknowledge that you understand that approval of any relief is based upon the individual circumstances in each case.

Employee Signature: _____ Date: _____

Department/Supervisor/Manager: This employee's relief request has been reviewed and their COVID related issue(s) has been taken into consideration. Their request is:

Approved (Employee will need to complete a Telecommuting Work Program Agreement)

Not Approved (reasons stated below, refer to the Human Resources Business Partner (HRBP) for further review by HR.):

Department Head (or Designee) Signature: _____ Date: _____