Rowan University Employee Request Form
COVID-19-Based Further Accommodation/Modification

As part of Rowan University’s efforts to address the on-going pandemic situation and to re-establish a return-to-campus work environment, Rowan seeks to establish a set of protocols ensuring reasonable measures will be in place for a safe working environment for all of its employees. With this goal in mind, Rowan strives to implement practicable return measures as recommended by relevant authorities (including governmental and other reliable sources). Some of these accommodating measures may be University-wide, and others may vary by department, depending on specific departmental realities and requirements. These measures may include (but are not limited to) things such as staggered shifts, mandated use of protective equipment, temperature scans, social distancing, and room occupancy limitations. The specific accommodating measures that will be applicable to each department and each employee will be announced to employees by their supervisory and management teams as return-to-campus plans are finalized.

In instances where an employee feels that the applicable University or departmental accommodating measures may not reasonably and adequately address the employee’s particular set of health-related circumstances, the employee may request from the University further accommodations or modifications. These requests will be considered on a case-by-case basis to see if any further reasonable accommodations/modifications can be provided to address the employee’s circumstances beyond the accommodating measures already adopted by the University and/or department or otherwise not addressed by other relevant University policies or governmental laws/programs. As the goal of considering employee requests furthering accommodations/modifications is to approach the issue from as many viable reasonable alternatives and methods as is possible, the employee seeking further accommodations/modifications should list and prioritize as many reasonable options as possible. In doing this, it will assist the University in developing the most pertinent and reasonable response to the employee’s further accommodations/modifications request.

Please note that the submission of such a request for further accommodation/modification does not guarantee or imply that any such further reasonable accommodation/modification can be found or granted. Also, please specifically note that a further accommodation/modification may be granted to the employee, but the granted further accommodation/modification may differ from the specific one requested by the employee. Further, please note that if a request is made that should be addressed by another university policy or governmental law/program, this request may be redirected to that other avenue and addressed under those parameters.

The following page is to be completed by the employee and returned to the Office of Human Resources (Benefits) for consideration, along with any such relevant supporting documentation.
COVID-19-Based Further Accommodation/Modification Request Form

Name of Employee: ______________________________________

University E-mail Address: ___________________________ Phone Number: _______________________

Job Title: ___________________________ Department: ______________________________________

Immediate Supervisor: ___________________________ Department Head: ___________________________

Description of Circumstances for which Employee is seeking Further Accommodations/Modifications:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Description of Further Accommodations/Modifications Sought (Employee should list as many options as reasonably possible, and in prioritized order, with #1 being highest priority):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Explanation as to why Existing Workplace Accommodations/Modifications in place do not Suffice: ___
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(PLEASE NOTE, EMPLOYEE MAY SUPPLEMENT THE ABOVE-LISTED DESCRIPTIONS/EXPLANATIONS WITH PHYSICIAN’S DOCUMENTATION, IF RELEVANT)

Consent for Release of Information:

I, ____________________________________________, hereby give my written consent for the Office of Human Resources to release information considered pertinent (psychological and/or medical) with necessary University personnel for the sole purpose of determining eligibility and implementation of any further accommodations/modifications requested or deemed necessary.

EMPLOYEE SIGNATURE: ___________________________________________ Dated: _________________
HUMAN RESOURCES SECTION:

Disposition of Request:  **APPROVED: ____**  **NOT APPROVED: ____**  **RE-DIRECTED: ____**

IF REQUEST APPROVED:

Description of further accommodation(s)/modification(s) granted: ____________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

End date of further accommodation(s)/modification(s) granted: ____________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Any other relevant details:________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

IF REQUEST RE-DIRECTED TO ANOTHER UNIVERSITY POLICY OR GOVERNMENTAL LAW OR PROGRAM:

What policy/law/program: __________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

HR Signature:                                                                                       Dated:

Print Name:                                                                                      Print Title: