



# COVID-19 High-Risk – Request/Agreement for a Temporary Workplace Modification

This expedited process is for employees with high-risk concerns to request temporary modifications during the COVID-19 emergency.

Note: Employees who request a temporary modification to their work assignment based on high-risk concerns may be eligible for Temporary Remote Work, if appropriate. Other modifications may include options for physical distancing (including staggering shifts), alternative work locations, reassignment, modified or flexible schedules, and/or the use of personal leave.

**Employee Section:**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work Location: \_\_\_\_\_ Schedule: \_\_\_\_\_

I am requesting a temporary workplace modification during the COVID-19 emergency for the following reason:

- I am over 65 years of age.
- I have an underlying health condition, or I am pregnant.
- I am caring for someone in my household who is considered high-risk.

For the period of \_\_\_\_\_ to \_\_\_\_\_, I am requesting the following modification:

I understand and agree that any modifications are temporary and do not otherwise alter the terms or conditions of my employment. Additionally, modifications are subject to change as circumstances evolve.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Acknowledgement by Supervisor:**

Please forward this request to the Office of Human Resources at [HR-COVID19@fsu.edu](mailto:HR-COVID19@fsu.edu). Supervisors should allow interim modifications to be implemented pending receipt and assessment of documentation by HR, if possible.

\_\_\_\_\_  
Supervisors Signature

\_\_\_\_\_  
Date

**Human Resources Section:**

In consultation with the employee and supervisor, and upon review of any applicable medical documentation, the following temporary modification will be implemented, effective from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
HR Approval

\_\_\_\_\_  
Date