

**Employee Remote Work Request  
Fall Semester 2020**

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

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

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I am at an increased risk of severe illness from COVID-19 (“Increased Risk”) because:  
(check applicable box below)

\_\_\_\_\_ Age 65 or older (age will be verified through HR; no other documentation required).

\_\_\_\_\_ An underlying medical condition(s) that puts me at increased risk as defined by the  
Center for Disease Control and Prevention (CDC). [CDC Underlying Medical Condition Listings](#).

\_\_\_\_\_ An employee co-habits with or serves as a primary caregiver for a person with an  
underlying medical condition(s) that puts them at increased risk as defined by the Center for Disease  
Control and Prevention (CDC). [CDC Underlying Medical Condition Listings](#).

Employees seeking to work remotely due to a underlying medical condition or serves as a primary  
caregiver for a person at increased risk must submit this request along with medical documentation from  
your healthcare provider indicating the condition defined under the CDC guidelines. All requests and  
medical documentation must be sent to Kristan Thomas ([kathomas@smcm.edu](mailto:kathomas@smcm.edu)), Benefits Administrator  
& Recruiter in the Office of Human Resources.

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All requests will be reviewed through the Office of Human Resources. Once approved or denied the  
employee will be notified by the Office of Human Resources.

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

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

\_\_\_\_\_  
Date

HR use only:

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Provost and Dean of Faculty