



UNT SYSTEM™



Work Modification Request Form for Employees in COVID-19 High Risk Category

The University of North Texas System recognizes that there are populations identified by the Centers for Disease Control (CDC) as [high risk for severe illness in contracting the COVID-19 virus](#). Employees in a high risk category as defined by the CDC may request modifications to the work environment to enable the employee to complete the essential functions of the job and minimize the direct threat of contracting the COVID-19 virus in the workplace.

This form is an initial step in processing a request for work modification. Human Resources, in evaluating the request, may require additional medical information including a medical certification from the employee’s treating medical provider(s). Human Resources will work with each employee to review the request and determine whether the request is appropriate for a temporary modification or whether the situation requires a request for disability accommodations under the Americans with Disabilities Act (ADA). All information relating to a work modification request, including medical documentation, shall be maintained in separate files and shall be treated as confidential medical records with access limited to supervisors who need to be informed regarding necessary work environment modifications, first aid personnel (when appropriate), and review by official investigating compliance with the ADA, the Family and Medical Leave Act (FMLA), or other pertinent laws and applicable university and System Administration policies.

Employee Name: _____ EMPL ID: _____

Job Title: _____ Department: _____

Supervisor Name: _____ Campus: UNT DAL HSC SYS

1. Do you identify as an individual at higher risk of severe illness in contracting the COVID-19 virus, [as defined by the CDC](#)? _____ No _____ Yes

2. If yes, please indicate the qualifying reason(s):

_____ I am 65 years or older.

_____ I live in a nursing home or long-term care facility.

_____ I have an underlying health condition identified as higher risk by the CDC. Explain:

3. Describe the work environment or job duty modification(s) that you are requesting and the specific problems that the requested modification(s) will address.

4. Explain, if applicable, any personal protective equipment (PPE) or other resources that you already have, have access to, or are aware of which would provide the modification(s) requested.

5. Are the modification(s) requested solely for the purpose and duration of the COVID-19 health pandemic, and period of higher risk as determined by the CDC?

Yes
 No (Explain) _____

Name of Primary Medical Provider: _____ Phone: _____

My signature indicates my permission for UNT System Human Resources to contact my medical practitioner to seek additional or clarifying information and for the medical practitioner to release such information as applicable in evaluating my request. The information provided is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Please return the completed form to the appropriate Human Resources department:

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|---------------------------|--|
| UNT | HRAdministration@untsystem.edu |
| UNT HSC | HSC.HR@untsystem.edu |
| UNT Dallas | HR@untdallas.edu |
| UNT System Administration | HR@untsystem.edu |