

APS COVID-19 REQUEST FOR REMOTE WORK ASSIGNMENT

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

Employee ID \_\_\_\_\_

Job Location: \_\_\_\_\_

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

Due to the COVID-19 pandemic, I am requesting a remote work assignment for the Fall 2020 semester. I believe I should be granted a remote work assigned based upon the following reason(s) (select all that apply):

\_\_\_\_\_ I applied for an ADA accommodation, and was not offered remote work as an accommodation. I therefore wish to refuse the accommodation(s) offered and seek remote work.

\_\_\_\_\_ I am a high-risk employee.

If this selection is chosen, please explain why you consider yourself high risk:

\_\_\_\_\_ I am not a high-risk employee, but I live with someone who is at high-risk.

If this selection is chosen, please explain:

By requesting a remote work assignment, I understand that I am refusing available ADA accommodation and electing not to participate in the interactive process. Additionally, I acknowledge that I will be required to apply for ADA accommodation should I desire it in the future due to the COVID-19 pandemic.

Employee Signature (electronic is acceptable):

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

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Remote Work      Approved \_\_\_\_\_

Denied \_\_\_\_\_

Evaluated by \_\_\_\_\_

Date \_\_\_\_\_

If Approved, Remote Work Assignment:

\_\_\_\_\_