

Request for Temporary COVID-19 Non-Medical Workplace Adjustment

To be completed by the employee after initial discussion with immediate supervisor/chair.

Employee Name: _____ Job Title: _____
Department: _____ Supervisor/Chair: _____
Employee - Work Phone: _____ Employee - Cell Phone: _____
Employee - Work Email: _____ Employee - Alternate Email: _____

Please identify the Temporary Non-Medical Workplace Adjustment you are requesting (examples: remote teaching or work, office moves, alternating or staggered work schedules, part-time work):

Please identify the reason for the request: _____

Expected duration of the Temporary Non-Medical Workplace Adjustment: From: _____
To: _____

If the request for temporary work adjustment is for Temporary Remote Work, please complete the section below.

Temporary Remote Work Location Address: _____

Scheduled work hours are as follows:

Day	Times at Campus office location	Times at remote work location
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Employee Signature (type in name): _____ Date: _____

Return this form to your immediate supervisor. Use additional pages or provide documentation as needed.

To be Completed by Immediate Supervisor/Department Manager

Status of Request for Temporary Work Adjustment: **Approved:** No: ☐ **Yes:** ☐ **For period:**

From _____ **to** _____

Details of approved temporary work adjustment/Reason for non-approval:

Immediate Supervisor/Chair:

Name: _____ Title: _____

Signature(type in name): _____ Date: _____

Department Manager/Dean:

Name: _____ Title: _____

Signature(type in name): _____ Date: _____

Please forward completed form to hrbenefits@nyit.edu

To Be Completed by Human Resources Only:

Status of Request for Temporary Work Adjustment: **Approved:** No: ☐ **Yes:** ☐ **For period:** **From**
_____ **to** _____

Details of approved temporary work adjustment/Reason for non-approval:

HR Print Name: _____ Title: _____

HR Signature: _____ Date: _____