

## **Request for Temporary COVID-19 Health Accommodation**

On March 5, 2021, Governor Henry McMaster issued [Executive Order 2021-12](#), which directed all state agencies and educational institutions to immediately expedite the transition back to normal operations.

While striving to achieve this goal as quickly as possible, the University of South Carolina understands that the **limited availability of COVID-19 vaccines may temporarily delay the opportunity for individuals with increased health risk to receive a vaccination**. Therefore, we are providing the opportunity for employees with certain medical conditions the ability to request a **temporary health accommodation** that will allow them to continue to work remotely until they have had a reasonable opportunity to be vaccinated or until April 17, 2021, whichever occurs sooner.

This request applies only to employees who are personally at increased risk of severe illness from the virus that causes COVID-19 and intend to voluntarily receive the vaccine.

If an employee lives with or provides primary care for an unvaccinated family member who is at increased risk, the employee may be eligible for leave pursuant to the Family and Medical Leave Act (FMLA). Request for FMLA will need to be made by the employee and processed in accordance with [Policy HR 1.07](#).

The Centers for Disease Control and Prevention (CDC) have concluded that people of any age with the certain health conditions may be at increased risk of severe illness from COVID-19. Below is a partial list of qualifying conditions and the complete list can be found at the following website:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

- Cancer • Chronic kidney disease • COPD (chronic obstructive pulmonary disease)
- Immunocompromised state from solid organ transplant • Type 2 diabetes mellitus
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies • Obesity (body mass index [BMI] of 30 or higher) • Sickle cell disease

If any of the CDC-recognized conditions apply and you are interested in seeking a temporary health accommodation to continue telecommuting due to COVID-19, please complete this form and submit it, along with a health care provider's note, to your College/Division HR Contact for review. The deadline to submit requests in Friday, March 19, 2021. Employees who notify their supervisors of their intent to submit an accommodation will considered be provisionally approved through March 19, 2021.



Please do not submit specific medical information to your supervisor and instead submit all medical documents through your HR contact. You must provide documentation from your health care provider confirming that you are at increased risk for COVID-19.

### **Temporary COVID-19 Health Accommodation**

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

USCID: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Employee College/Division: \_\_\_\_\_

Employee Department: \_\_\_\_\_

Anticipated Return to Campus Work Date: \_\_\_\_\_

***DATE CANNOT EXCEED APRIL 17, 2021***

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

### **EMPLOYEE ACKNOWLEDGMENT**

I certify that I am at increased risk for COVID-19 based upon the criteria published by the CDC. I understand that the accommodation approved under this process is temporary in duration and will be adjusted as conditions warrant and based upon the needs of the university. I will include documentation from my health care provider certifying that I am at increased risk for COVID-19.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Temporary COVID-19 Health Accommodation Department Review**

Can the employee complete the essential functions of their position description while working remotely (please choose one):

YES

NO

\_\_\_\_\_  
Supervisor Signature

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

\_\_\_\_\_  
Department Head Signature

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



# South Carolina

After signatures, return completed form along with a note from your health care provider certifying that you are at increased risk for COVID-19 due to a CDC recognized underlying medical condition to your college/division HR Contact.

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COLLEGE/DIVISION HR REVIEW:            APPROVED            DISAPPROVED

Comments:

\_\_\_\_\_ Date: \_\_\_\_\_  
College/Division Representative Signature

College/Division HR departments will maintain original copies of all temporary health accommodation requests.