



Work from Home Request – High-Risk/Vulnerable Employee

It is the employee’s responsibility to be informed about the current State of Colorado public health order(s) as communicated by the Governor. The CDC and State of Colorado have identified that people with certain medical conditions may be at a higher risk of getting sick from COVID-19. Based on the current phase, public health order and guidelines, employees may request to “work from home” if they are considered a “vulnerable individual”. CMU will evaluate each request on an individual basis and in relation to the critical business needs of the University to determine if work from home can be accommodated. A list of CDC defined medical conditions may be found at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>. Please note the list may be updated periodically by the CDC.

CMU reserves the right to change its work from home practices at any time. Employees will be given sufficient notice.

Employee Name:	Work & Home Telephone Numbers:
Employee 700#:	Department:
<input type="radio"/> I am requesting to continue my work from home schedule as I fall into the high-risk/vulnerable population category or per the advice of my physician.	
<input type="radio"/> I am requesting to continue my work from home schedule as I am caring for or reside with an individual who is considered high-risk/vulnerable Name: _____ Relationship: _____ DOB: _____	
A doctor’s note MUST be included with your request and must contain the following information (will not be required if risk category is age 65+): <ul style="list-style-type: none"> - Doctor’s Name, Practice, contact information, signature & date - Employee’s Name & condition that considers you high-risk/vulnerable consistent with CDC guidelines. - If you are a caretaker or reside with a vulnerable person the doctors note must list relationship to the individual you are caring for, their condition that considers them high-risk/vulnerable consistent with the CDC guidelines & a recommendation by the medical provider stating the need for you (caregiver/person you reside with) to specifically work from home. - If condition is pregnancy, FMLA forms will be accepted in place of doctor’s note 	
<p>By signing below, I understand the CDC guidance and fall within the definition of vulnerable/high-risk individuals. Further, I agree that in requesting in to work from home, I will adhere to the CDC guidelines for individuals with underlying health problems or over the age of 65, both on and off the job. Guidelines can be found at https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html. I attest that I am providing truthful information. Providing false information knowingly, either directly or through another party, may result in corrective and/or disciplinary action up to and including termination.</p>	
Employee Signature: (e-signature accepted)	Date:
Human Resources Signature:	Date:

Return to Human Resources - these will be maintained within the HR office only, and will be placed in a separate, confidential medical file with limited access.