Administrator & Staff Request for Workplace Adjustment
Spring 2021

If you believe that you are eligible for an accommodation under the University's Policy on Reasonable Accommodations for Employees with Disabilities, https://www.shu.edu/policies/employees-with-disabilities.cfm, based on your own medical reasons or age (for purposes of COVID-19 only), you should file that request with Human Resources.

If you are seeking a workplace adjustment for (non-medical) personal and family reasons due to the COVID-19 pandemic, the University requires the information below in order to assess your request for such an adjustment.

This initial information will facilitate our evaluation of your request. The responses may generate the need for additional information.

Name:_____Date:_____

Signed:_____

College: _____Department:_____

Email address: _____Home/Cell Phone:_____

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This section is to be completed by the Administrator or Staff member requesting an adjustment to their work arrangements. This form should be submitted to your Supervisor.

1. Have you requested an accommodation with Human Resources under the University's Policy on Reasonable Accommodations for Employees with Disabilities?

Yes / No (please circle) If yes, what is the status of that request: _____

_____

2. What adjustment in your workplace arrangement are you requesting?

_____

_____

3. What is the basis for your requested adjustment?

_____

_____

_____

4. How would the requested adjustments assist you in performing your job duties?

_____

Please note that you may also be eligible for Family Medical Leave, https://www.shu.edu/policies/family-medical-leaves.cfm or Earned Sick Leave, https://www.shu.edu/policies/sick-leave.cfm as provided by University policies.

To be completed by the Supervisor:

Received by: _____

Date Received: _____

Supporting Documents Attached: Yes _____ No _____

To be completed by Human Resources' office only:

Date of Human Resources Review: _____

Name of Human Resources Reviewer: _____

To be completed by the division Vice President only after Human Resources review:

Please check one below:

Adjustment Approved: _____ Adjustment Not Approved: _____ Adjustment Modified: _____

Reason:
_____
_____
_____
_____

Employee Notified by: _____

Date Employee Notified: _____

Mail: _____Email: _____