COVID-19 Pandemic Workplace Adjustment
for Kentucky Wesleyan employees

Kentucky Wesleyan College is preparing to bring students back to the campus beginning in the Fall of 2020. Our COVID-19 team is developing a three-phase operational plan of what will be the "new normal" for our campus. The College is following the Center for Disease Control (CDC) and Kentucky guidelines and requirements in this endeavor, attempting to balance our educational mission with the health and safety of our community.

Despite precautions that are being put in place, we realize that some employees have conditions or other circumstances that make returning in person to a full campus a hazard for them. The CDC has identified several groups who are at increased risk for severe illness from COVID-19. Based on current information, which was updated on June 25, 2020, these groups are older adults and people of any age who have certain underlying medical conditions (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html). According to the CDC, these lists are updated and subject to change at any time, as the science evolves.

Kentucky Wesleyan will consider workplace adjustments due to COVID-19 for employees in these increased-risk groups, for employees who live with someone in an increased-risk group, and other increased-risk situations. Workplace adjustments will be determined and implemented in a collaborative process among the employee, the supervisor, and Human Resources. The request form following this page is a first step in this exchange, not the entire process. Information related to workplace adjustments will be shared only as needed to consider and implement the request. Employees may or may not be provided with the specific adjustment that is requested. It is the employee's responsibility to request an adjustment.

Employees can submit adjustment requests to their supervisor or Human Resources. While the employee's supervisor will be involved in the workplace adjustment process, information about an employee's medical condition will be kept confidential by Human Resources unless otherwise allowed by the employee. Employees are not required to disclose their medical reason for a requesting a workplace adjustment to their supervisor, although they can choose to do so. If the form is submitted to the supervisor, that will be interpreted as permission to share information about the medical condition with the supervisor.

Documentation from the employee's health care provider of the employee's increased-risk health condition will be required, except for requests based only on the employee's age. If the adjustment is requested due to a family member or other individual in an increased-risk group living in the employee's home, documentation of that condition will be required. It is the employee's responsibility to provide the medical request to the provider and to ensure that the health care provider documentation is completed and returned. The medical release form and any associated medical information will not be placed in employee personnel files.

COVID-19 Pandemic Workplace Adjustment Request Form

To make a request for a workplace adjustment due to COVID-19, submit this form to your supervisor or Human Resources according to your preference, to start the process.

Name: _____

Title: _____

Supervisor: _____

1. Per the CDC, people with the following conditions **are at increased risk** of severe illness from COVID-19. Please indicate which group you are in.
    - ___ A. chronic kidney disease
    - ___ B. chronic obstructive pulmonary disease (COPD)
    - ___ C. immunocompromised state (weakened immune system) from solid organ transplant
    - ___ D. obesity (body mass index of 30 or higher)
    - ___ E. serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
    - ___ F. sickle cell disease
    - ___ G. Type 2 diabetes mellitus
    - ___ H. Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children
    - ___ I. Older adults, 65 years and older

2. Per the CDC, people with the following conditions **might be at an increased risk** for severe illness for COVID-19. Please indicate which group you are in.
    - ___ A. Asthma (moderate-to-severe)
    - ___ B. Cerebrovascular disease (affects blood vessels and blood supply to the brain)
    - ___ C. Cystic fibrosis
    - ___ D. Hypertension or high blood pressure
    - ___ E. Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
    - ___ F. Neurologic conditions, such as dementia
    - ___ G. Liver disease
    - ___ H. Pregnancy
    - ___ I. Pulmonary fibrosis (having damaged or scarred lung tissues)
    - ___ J. Smoking
    - ___ K. Thalassemia (a type of blood disorder)
    - ___ L. Type 1 diabetes mellitus

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3. If you are not in a CDC increased risk group, please indicate the reason you are requesting an adjustment:
    ___ My child who lives with me is in the _____ group (indicate the number and letter from above)
    ___ Someone living in my home is in the _____ group (indicate the number and letter from above)
    ___ Other, specifically _____

4. What specific workplace adjustment are you requesting?
    ___ Modification of physical environment (e.g., plexiglass guard, alternative work location, etc.)
    ___ Modification of work schedule (e.g., telework, flexible schedule, reduction of hours, etc.)
    ___ Modification of job duties
    ___ Leave of absence

5. Please describe your specific request and how it will allow you to perform the essential functions of your position. Include additional pages if necessary.

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6. I am requesting a workplace adjustment due to COVID-19. I verify that the above information is accurate to the best of my knowledge. I agree to cooperate with the College in responding to my request, including providing a medical release for myself or from the individual in #2 above.

Employee signature: _____

Date: _____

COVID-19 Medical Information Release and Request Form

Section I: RELEASE - To be completed by the Kentucky Wesleyan employee or related individual

Name: _____

I hereby release the following information to Kentucky Wesleyan College for the purpose of considering a request for a COVID-19 workplace adjustment and a CDC high risk health condition. I authorize a representative of Kentucky Wesleyan to seek verification of this documentation by contacting this health care provider's office.

Signature: _____

Health care provider's name: _____

Name of practice or office: _____

Section II: REQUEST - To be completed by the health care provider

The Genetic Information Nondiscrimination Act prohibits employers from requesting or requiring genetic information on an individual or an individual's family member, except as specifically allowed by law. We are asking you to not provide any genetic information when responding to this request.

Please indicate which of the following conditions the patient named above has:

___ chronic kidney disease
___ chronic obstructive pulmonary disease (COPD)
___ immunocompromised state (weakened immune system) from solid organ transplant
___ obesity (body mass index of 30 or higher)
___ serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
___ sickle cell disease
___ Type 2 diabetes mellitus
___ Child who is medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children
___ Older adults, 65 years and older
___ Asthma (moderate-to-severe)

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___ Cerebrovascular disease (affects blood vessels and blood supply to the brain)
___ Cystic fibrosis
___ Hypertension or high blood pressure
___ Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
___ Neurologic conditions, such as dementia
___ Liver disease
___ Pregnancy
___ Pulmonary fibrosis (having damaged or scarred lung tissues)
___ Smoking
___ Thalassemia (a type of blood disorder)
___ Type 1 diabetes mellitus

Signature of health care provider: _____

Date: _____

Please email the completed form to lkeller@kwc.edu or fax to 270-852-3112. Thank you for providing this information so that we may consider the request for a workplace adjustment.