

COVID-19 Request Form



Name: _____ Campus Location: _____

Job Title: _____ Supervisor: _____

The CDC has issued guidelines defining certain conditions, which may allow you to continue remote work as your campus returns faculty and staff members to working on site. Please verify the details of your request and select the supporting condition or situation:

Request Details: _____

Supporting Condition or Situation:

- People 65 years and older
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People who care for a child that cannot return to school or daycare
- People who care for a family member that has been designated as high risk based on CDC guidelines that resides in their home
- Other with detailed explanation:

Additional Explanation: _____

Please note South University reserves the right to request documentation of your condition or situation prior to issuing an approval. Campus need and job description will be taken into consideration when issuing approvals and their timeframes.

Signature: _____ Date: _____

Please return your completed form and any supporting documentation to UAHR@southuniversity.edu