

**Spring Semester 2021
COVID-19 Temporary Alternative Work Arrangement Request Form**

Name	Department/College
Job Title/Position	Phone #
Dean/Supervisor's Name	Email
Preferred method of contact	
Start date for the requested temporary alternative work arrangement	

In response to COVID-19, Marquette University will determine the availability of temporary alternative work arrangements based on college/business needs of the University, and in consideration of the essential functions required for specific jobs/positions.

Temporary alternative work arrangements may or may not be fulfilled as requested. Where appropriate, an interactive process with HR, the employee, and the employee's supervisor may determine other options.

All arrangements will be made for a specified duration and will be periodically reassessed to ensure ongoing effectiveness and the ability to provide essential services to our students and university community. Please see below for more information.

Please select the primary reason for your request for a temporary alternative work arrangement:

- **I believe I have a disability as defined by the Americans with Disabilities Act (ADA)**
Please complete and submit the [Medical Information form](#) along with this form. Please note the following:
 - Medical conditions may or may not be covered under the Americans with Disabilities Act (ADA). Full documentation via the Medical Information form is required in order to assess eligibility. Any medical information provided to HR will be kept confidential per HIPAA.
 - For ADA-eligible employees, Marquette will participate in an interactive process to ascertain a reasonable accommodation.
- **I am part of the higher-risk population due to COVID-19**
 - Please check all the higher-risk categories that apply to you:
 - Age (over 65 years old)
 - Medical – Please complete and submit the [Medical Information form](#) along with this form. Any medical information provided to HR will be kept confidential per HIPAA.
 - HR will refer to the latest guidance from the [CDC](#) to inform arrangements for higher-risk populations and who may or may not be ADA-eligible.
- **I have a personal/family/other situation** (e.g., childcare issues, family care concerns, etc.)
Please provide the reason and/or context for your request in order to help us best understand your situation:

Please provide details on the alternative work arrangement that you are seeking. Please note that this information will be forwarded to your supervisor who will be able to determine if/how to match your preference with the needs of your college/ department.

The Human Resources Department will involve appropriate department/college supervisors to determine the availability of temporary alternative work arrangements for specific jobs/roles. No confidential medical information will be shared. You will receive communication about available arrangements at the email address provided above.

I agree to fully cooperate with Human Resources in responding to my request for a temporary alternative work arrangement, including providing the appropriate medical documentation if needed. I understand that I may not be provided with the specific arrangement that I have requested. I verify that the above information is complete and accurate to the best of my knowledge. I understand that requests received after the deadline may not be considered.

Name

Date

Please return completed forms to the Human Resources department via email humanresources@marquette.edu or fax: (414) 288-7425.