

Request for Temporary Telecommuting Arrangement During Response Period for COVID-19

Please complete this request form and submit to the Office of Human Resources. You must submit the appropriate medical certification or documentation verifying school closing within five business days. If you have questions, please contact the Office of Human Resources at (908) 737-3300 or via email at benefits@kean.edu.

Name:Title:			
Home	e Address:		
Home	e Telephone:	Work Extension:	
Emai	l:		
Requ	uested Accommodation Period:	July/August	Fall 2020
	eby request a temporary telecommer (ID-19, due to the following reasons		during our response period for
			9 as identified by CDC guidelines. serious chronic medical conditions.
	I need to stay home with a child due to the coronavirus-related closure of a preschool program, childcare program, elementary or secondary school.		
	I need to request a partial accommodation to stay home with a child due to the coronavirus-related closure of a preschool program, childcare program, elementary or secondary school		
•	If there is no change to the envi the COVID-19 response, any ap that time will also automatically I understand that during normal Kean University require physica	ironment and Kean oproved temporary textend. business operations I presence on camp	
Empl	oyee Signature		
Date			
	nowledge that I have been made commuting arrangement.	aware of this emp	loyee's request for temporary
Signa	ature of Supervisor/Chairperson/Executiv	e Director	
Print	name of Supervisor/Chairperson/Executi	ive Director	