

Request to Evaluate Work Location - Staff

Name: _____ **Title:** _____ **Email address:** _____
Department/School: _____ **College/Division:** _____
Supervisor: _____

Instructions: *Please respond to the items below and email to hadministration@ucf.edu for evaluation.*

UCF HR will consult with department leadership and HR partners for additional details as needed.

Describe in detail the basis for your request:

If you are assigned to work on campus, please describe your typical face-to-face interactions with students, faculty, or other employees.

Describe how you will perform your job duties remotely, if approved:

Please describe your work location arrangement (i.e., outside, located in an open lobby area, in a shared office, in private office, in a space where you are generally alone but where other shared office equipment is located such as a main printer or the copier).

If you are at your regular work location, please describe why you feel that physical distancing of at least 6 feet cannot be maintained.

Are you requesting to work remotely because you are disabled as defined by the Americans with Disabilities Act? The ADA defines disability as a substantial impairment, which is one that significantly limits or restricts a major life activity (such as hearing, seeing, speaking, walking, breathing, performing manual tasks, caring for oneself, learning or working).

YES NO



UCF

Human Resources

UNIVERSITY OF CENTRAL FLORIDA

For Internal UCF HR Use Only As Needed - Department HR:

For the requested work location change, indicate: *Recommend* or *Do Not Recommend*.

Please confirm or supplement the employee's description of the workstation arrangement.

Please describe any physical barriers such as plexiglass or other forms of separators your office may have installed.

For Internal UCF HR Use Only As Needed - Department Chair or Head:

For the requested work location changes, indicate: *Recommend* or *Do Not Recommend*.

CHRO:

Indicate: *Approve* or *Disapprove*.