Mississippi Valley State University Office of Human Resources

FACULTY REQUEST TO TEACH REMOTELY – FALL 2020

The purpose of this form is to request to teach all courses remotely due to an underlying health condition identified by the Center for Disease Control as a risk for COVID-19.

Instructions

Supervisor Signature

- 1. Complete the first page of the request form and discuss your request to teach all your courses remotely with your supervisor. You are not required to divulge the specific nature of your health condition to your supervisor, but you will need to provide medical documentation to the Office of Human Resources.
- 2. Ask your supervisor to sign the form acknowledging your request. The chair will inform the provost of the faculty's intent to request to teach remotely.
- 3. Submit the form to Human Resources along with documentation. Human Resources and the Associate Vice President for Academic Affairs will review and approve the request. HR will confirm approval with the Faculty, Chair, and Provost.
- 4. Deadline to inform supervisor is September 8, 2020

			Employee Information			
Faculty Nan	ne			Employee University ID#		
Faculty Sign	ature				_	-
itle				Full-tin	ne 🗌 💮 I	Part-time L
			Fall Teaching Schedule			
5	Subject	Course #	Course Title		Credit Hours	
			oate in all unit meetings via Zoom or o ours, service, scholarship, etc.) remote		neans and I	meet all
			faculty member's intent to submit a request s not required to disclose the nature of the c			

Date

Department/Division

Mississippi Valley State University Office of Human Resources

FACULTY REQUEST TO TEACH REMOTELY – FALL 2020

Complete this portion of the form after receiving your supervisor's signature and submit to the Office of Human Resources:

I am at high risk for COVID-19 due to the following reason(s): ☐ I am age 65 or older									
	I have an underlying medical condition(s): (attach report from Medical Doctor)								
		Chronic lung disease or moderate to severe asthma Serious heart condition(s): heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, pulmonary hypertension Immunocompromised Obesity (body mass index [BMI] of 30 or higher) Diabetes Chronic kidney disease Liver disease Sickle cell disease							
	Other (please explain)								
		Area Executive Cabinet Member	Date						
		Human Resources Director	Date						
<u>Comments</u>									
	☐ Human Resources to provide a copy to the Office of the President								