

This form assumes or anticipates that the ENMU campus is or will be open for business and employees are expected and able to work from campus in their respective position. Requesting to work from home is also dependent upon the employee's position; not all positions have duties that can be performed from home.

How to Qualify

This request must be initiated by an employee who is over age 65 and/or has an underlying medical condition that would make him/her more susceptible or at risk to COVID-19. Requests can also be made by employees whose household family members meet the same criteria. Medical requests because of an employee's condition will be considered under the Americans with Disabilities Act (ADA) and must be accompanied by an **ADA Medical Certification** or recommendation signed by the employee's medical provider. The ADA Medical Certification form can be found on the portal in the Forms/Downloads menu at Human Resources > ADA > ADA Medical Certification. If a request is for a household member, a note or other medical documentation, and/or age certification will be required along with the completed form.

Per ENMU policy 40-6, extended or reoccurring telecommuting schedules (more than one week per fiscal year) shall be approved in advance by the immediate supervisor and the appropriate vice president, dean, director or department head. Extended or reoccurring telecommuting schedules (more than one month per fiscal year) shall be approved by all levels of management up to the campus president and may be accompanied by an approved Home-Based Work Agreement.

Please note: Not returning to work because of general fear of COVID-19 is not considered good cause. However, if a worker can present documentation from a medical provider that returning to work would be a high risk for severe illness for either the worker or someone for whom he/she is a caregiver, that would be good cause during the pandemic. Sources: Guidance on Preparing Workplaces for COVID-19 – OSHA 3990-03 2020; Back to Work and Unemployment Insurance during COVID-19 – New Mexico Department of Workforce Solutions

Examples of People at Risk for COVID-19

- People 65 years and older
- People (any age) with underlying medical conditions, particularly if not well controlled, including, but not limited to:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised (for example, persons undergoing cancer treatment, bone marrow or organ transplantation recipients, persons with immune deficiencies, poorly controlled HIV or AIDS, and who have used corticosteroids and other immune weakening medications for a long period of time)
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes, chronic kidney disease undergoing dialysis, or liver disease



Request to Work From Home

Office of Human Resources

ENMU Station 21 | 1500 S Ave K | Portales, NM 88130

Phone: 575.562.2115 | Fax: 575.562.2547 | personnel.office@enmu.edu

Please fill in the blanks below and sign/date. Forward this page to your supervisor and the Office of Human Resources. After receiving your request, Human Resources will verify your at-risk status based on age. If your request is based on a medical condition, proper medical documentation from your medical provider will be required as part of your request.

Employee Information

Employee name: Last: _____ First: _____ Middle: _____

ENMU ID number: _____

Department: _____ Supervisor: _____

Employment status: Full-time Part-time Faculty Exempt staff Non-Exempt staff

Dates requesting to work from home: _____ to _____

Reason for requested accommodation: Age (65 or older) Personal medical
 Household member medical Household member age

Acknowledgement and Signature

I have read and am aware of ENMU's Telecommuting Policy (40-6-4-F). If required, I agree to comply with a Home-Based Work Agreement, approved by my immediate supervisor and the appropriate vice president, dean, director/department head, and/or President. I further agree to provide Human Resources with any medical documentation required to carry out this request.

Requestor signature

Date

For Office Use Only

Request approved: Age (65 or older) Personal medical
 Household member medical Household member age

HR director signature

Date