## **COVID-19 Faculty Work Arrangement Consideration Form**

Name					
Department					
	VID-19 pandemic ∋	-	ng an exception/ad t semester and yea		om face-to-face 2022]) semester or
• If schools o	r day-care center	rs were closed,	I will need to care	for a child;	
If other services.	vices are unavaila	able, I will need	to care for other d	ependents;	
If public tra	nsportation is spo	oradic or unava	ilable, I will be una	ble to trave	I to work; and/or;
<ul> <li>I or a meml</li> </ul>	per of my househ	old fall into one	of the categories i	dentified by	y the CDC as being
at high risk	for serious comp	lications from t	he pandemic virus.		
	Answer wi	ith X Yes	No		
I am proposing the following alternatives / adjustments to my course assignments: (X box and include additional explanation as needed).					
Being provided with additional personal protection equipment (PPE), such as					
Teaching in a specific physical classroom setting, such as an auditorium, large capacity classroom, course delivery with a Plexiglas barrier, etc.					
On-line course delivery via Blackboard.					
Other					
				T	
Signature of Faculty				Date of Signature	