

**REQUEST TO CONTINUE TELEWORK DUE TO COVID-19**

**HIGH RISK CATEGORY**

Employee Name: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

I am in a high-risk category identified by the CDC.

I have attached the recommendation from my healthcare provider which confirms that I am in a high risk category for which he or she recommends that I do not report to work. (A recommendation from your healthcare provider will not be needed if high risk is due to being age 65 or older.)

I understand that my approval to telework may be withdrawn at any time. Termination of my participation may be immediate and does not require advanced notice.

I understand that all leave policies apply during this telework period. If I am unable to work during my regular schedule, I will notify my supervisor for appropriate leave submittal. If I am unable to access necessary software or utilize necessary equipment (due to equipment issues or power outages) I must notify my supervisor, and I may be required to submit leave or report to the work location.

I have reviewed the telework guidelines established by the State Personnel Department. I understand that the Department of Mental Health can require and exercise the rights and responsibilities as outlined in that document.

Employee Signature: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Associate Commissioner Approval: \_\_\_\_\_