



APPENDIX F: COVID-19 HIGH RISK CERTIFICATION AND IRRECONCILABLE HOME ISSUES IDENTIFICATION FORM



COVID-19 HIGH RISK CERTIFICATION AND IRRECONCILABLE HOME ISSUES IDENTIFICATION FORM

Returning employees to the workplace is a complex undertaking that requires careful planning based on a clear understanding of the issues that affect employees. Employees who self-identify as a high-risk individual for COVID-19 as defined by the Centers for Disease Control and Prevention (CDC) and/or who identify irreconcilable home issues in connection with community constraints (e.g., access to childcare, transportation, etc.) may, subject to mission requirements, be authorized continued use of telework, work schedule flexibilities, shift work, varied start and stop times, and leave flexibilities. Employees wishing to self-identify as being a high-risk individual or as having irreconcilable home issues should complete this form and return it to their supervisor.

INITIALS	EMPLOYEE'S SELF-CERTIFICATION
	I hereby certify, by way of my signature below, that I am an individual with a medical condition identified by the CDC with a High Risk for COVID-19. I understand that, within 30 calendar days after returning to duty, I am required to provide validation from a health care provider.* Timely requests for an extension may be granted. I understand that failure to provide medical validation within the stated timeframe may result in a requirement to report to the worksite and/or the retroactive placement in another personal leave status (e.g. Annual, Sick, or Leave Without Pay, etc.), if appropriate.
	I hereby certify, by way of my signature below, that I have irreconcilable home issues (e.g., children at home due to school/childcare center closure, no access to transportation, etc.).

**Medical provider validation not required if high-risk category is age (65 years or older).*

EMPLOYEE INFORMATION			
Name		Work Center	
Pay Plan/Job Series		Department	

I acknowledge by my signature below that the information above is true and accurate:

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name/Title: _____