

HEAD START of LANE COUNTY

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"Ensuring that our youngest children have a solid foundation for life."

REQUEST FOR HRE ALTERNATIVE WORK ARRANGEMENT FORM

Employee Name:

Contact information:

Phone: _____

Position/Department/Site:

Agency Email: _____

- Provide a description of the alternative work arrangement(s) you are requesting (for example, are you asking for the opportunity to telecommute, a schedule adjustment, special personal protective equipment (PPE) or additional physical distancing arrangement, or a leave of absence). If you are requesting a leave of absence, please include a timeframe and an expected date of return.

- Provide the reason you need an alternative work arrangement (list reason(s) that make you a person you reside with a high-risk as defined by CDC, available online here: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>).¹

- If a leave is requested, do you wish to use available personal/sick/vacation leave, or have it be Unpaid Leave so you can apply for unemployment insurance benefits? (Please pick one or more of the following, if requesting a leave of absence):
 - I request to use my available personal/sick leave/vacation under Agency policy, which will be paid in accordance with policy:
Yes ___ No ___
 - I will take Unpaid Leave and seek unemployment benefits to cover my absence²:
Yes ___ No ___

Employee Signature

Date

¹ If the reason is a medical condition that was not previously disclosed, you may be required to provide additional information to verify the condition and/or assist us with evaluating your request and potential options for alternative work arrangements, to the extent permitted by law.

² I understand it is my responsibility to apply for unemployment benefits if I wish to obtain them, and that my eligibility is determined by Oregon's Employment Department, not the Agency.