



**SAM HOUSTON STATE UNIVERSITY
STAFF EMPLOYEE COVID-19 REQUEST FOR TEMPORARY CHANGE IN
DUTY STATION DUE TO LOSS OF CHILD CARE**

Requesting Employee's Name:	SAM ID:
Job Title:	Department:
<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
Requested Date(s) for Duty Station Change:	

If you are requesting permission to temporarily work from home due to circumstances related to the COVID19 pandemic, please read and initial the following:

- _____ I understand that this temporary change in duty station is only available to:
 - (1) employees who no longer have access to a child care provider for their dependent child(ren) during the affected work hours, or
 - (2) when the school an employee's dependent child(ren) attends is closed.
- _____ I understand this temporary change in duty station is not available to employees who elect to keep their children home from school or who otherwise have child care available to them.
- _____ I understand that "child care provider" means someone who cares for my child(ren), which includes individuals paid to provide child care, such as a nanny, au pair, or babysitter. This also includes individuals who provide child care at no cost and without a license on a regular basis, such as a parent, grandparent, aunt, uncle, or neighbor.
- _____ I understand that telecommuting is a benefit, not an entitlement, and this accommodation terminates when child care becomes available or the child(ren)'s school re-opens for in-person classes.
- _____ I understand that I must notify my supervisor as soon as possible if I no longer qualify for a temporary change in duty station because child care is available or school has reopened for in-person classes.
- _____ I understand that this request is subject to approval by my supervisor and Division Vice President.
- _____ I have read and understood [Human Resources Policy ER-12](#) and [SHSU's Guidelines for Telecommuting](#). I affirm that, based on the above statements and [HR Policy ER-12](#), I qualify for a temporary change in duty station.
- _____ I understand that I must update my supervisor weekly regarding my need for this change in temporary duty station.

For the duration of my temporary change in duty station, I request to telecommute (choose one)

Continuously (without returning to work for duration of the leave), OR

Intermittently (the employee must work the schedule out with the employee's supervisor)

By my signature below, I hereby affirm that all the above information is true and correct to the best of my knowledge. I further affirm and acknowledge that this document is a government record, and that making, presenting, or using any such record with knowledge of its falsity is a criminal offense under state law. See Texas Penal Code § 37.10.

Employee Signature

Date