

West Virginia University  
COVID-19 Request for Modification

Faculty Member: \_\_\_\_\_

Department: \_\_\_\_\_

College/School: \_\_\_\_\_

Requested Semester for Modification:

Fall 2020 (Requested no later than 6/15/20) \_\_\_\_\_

Spring 2021 (Requested no later than 9/15/20) \_\_\_\_\_

Reason for Request:

\_\_\_\_\_ ADA Accommodation Request (please select this if you are at greater risk of COVID-19 due to an underlying medical condition or a direct result of COVID-19).

\_\_\_\_\_ Temporary Adjustment of Duties (please select this if you require a modification because you share a household with someone who may be higher risk for COVID-19).

\_\_\_\_\_ Other COVID-19 Request (please select this if you require a modification in some way due to COVID-19).

While it is not required, we strongly recommend you reach out to your chairperson/director as soon as possible, and prior to submitting this form, work with your chairperson/director to complete the attached draft modification plan. Completing the draft plan document prior to submitting this form will significantly reduce the time that will be required to process this modification request.

***Please note, this plan is subject to review and approval by the Provost's Office. If this request relates to a medical condition you have or an accommodation under the ADA, then it is also subject to review and approval by the ADA Coordinator.***

Supporting medical information or disability documentation should be not be provided to your department. The ADA Coordinator will collect and manage this information, confidentially. If the requested modification is not available, alternative considerations will be addressed through the interactive process. Alternative options include, but are

not limited to, the use of FMLA, Family First Coronavirus Response Act, or other available leave provisions or modifications.

In signing this, you are acknowledging that this modification does not result in a change in your critical year, nor does it result in automatic or de facto tenure. You are acknowledging that this information may be shared with the WVU ADA Coordinator or Medical Management for further consideration, as needed.

Please detail a draft plan in the box provided.

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Acknowledged

\_\_\_\_\_  
Chair/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Acknowledged

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

\*\*Please email this form to [coronavirusmodification@mail.wvu.edu](mailto:coronavirusmodification@mail.wvu.edu). The form will then be routed to the Provost's Office.

\_\_\_\_\_ Approved

\_\_\_\_\_  
Provost Signature

\_\_\_\_\_  
Date