



## Modified Duties for Faculty Request Form

### **EMPLOYEE INFORMATION**

*(to be completed by the employee)*

Name	
Employee ID	
SCU Email	
Telephone Number	
College or School	
Department	
Date of Request	

### **Modified Duties Request**

Anticipated Terms (circle all that apply)    Fall 2024    Winter 2025    Spring 2025
Do you have a documented medical condition that necessitates the modification of duties (i.e., teaching online)?  Yes    No

### **MEDICAL PROVIDER INFORMATION**

*(to be completed by the medical provider)*

Name	
Address	
Telephone Number	



## Modified Duties for Faculty Request Form

### **MEDICAL DOCUMENTATION**

*(to be completed by the medical provider)*

Dear Treating Healthcare Provider:

Our employee is a faculty member with an appointment that includes teaching 1-3 courses per term, in person. This employee is requesting modified duties, which may include remote work. In order for the University to evaluate the request, please complete this form and return it to the employee as soon as possible.

Please do not disclose on this form any medical information that is NOT related to the employee’s request for modified duties; the intent of question 1 is to identify and redirect medical conditions that are defined as disabilities under the Americans with Disabilities Act.

This form is used for modified duties requests by University employees or individuals who have already been offered employment with the University. If you have any questions about the form, you may contact me at (408) 554-5750. Your assistance is greatly appreciated.

Indu Ahluwalia

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1. Does the employee have an underlying medical condition that would **prohibit** in-person instruction due to the risks posed by COVID-19? (If the answer is “yes,” the request will be evaluated by the University under the Americans with Disabilities Act, which will require additional documentation.)

Yes    No

2. If the answer to Question #1 is “no,” does the employee have a documented medical condition that makes it **significantly safer** for the employee to teach remotely for the 2024-25 academic year due to the risks posed by COVID-19?

Yes    No

3. Within the last twelve months, have you personally reviewed the employee's medical records or conducted an in-person examination of the Employee?

Yes    No

Medical Provider Signature