



South Carolina

Request for Temporary COVID-19 Health Accommodation

SUPPLEMENTAL REQUEST VACCINE EFFICACY DATE AFTER APRIL 17, 2021

This form may only be used by employees who have already demonstrated or are concurrently demonstrating that they are personally at increased risk of severe illness from the virus that causes COVID-19 and been approved for an extension of remote work through April 17, 2021

On March 5, 2021, Governor Henry McMaster issued [Executive Order 2021-12](#), which directed all state agencies and educational institutions to immediately expedite the transition back to normal operations.

The university granted remote work extensions through April 17, 2021 to employees who were personally at increased risk of severe illness from the virus that causes COVID-19 and intended to voluntarily receive the vaccine.

Recognizing that full protection occurs two weeks after final vaccination, the university will allow employees who have begun or completed the vaccination process the option to remain telecommuting until full efficacy has been reached.

A **copy** of the CDC COVID-19 Vaccination Record Card must accompany this request and submitted directly to your college/division HR contact.

Extension of COVID-19 Health Accommodation

Employee Name: _____

USCID: _____

Employee Email: _____

Employee Phone Number: _____

Employee College/Division: _____

Employee Department: _____

Vaccine Manufacturer (circle one): Pfizer Moderna Johnson&Johnson

Date of 1st shot: _____

Date of 2nd shot (if applicable): _____

Full Efficacy Date/Return to Work Date: _____

Supervisor Name: _____

Supervisor Email: _____

Supervisor Phone Number: _____

EMPLOYEE ACKNOWLEDGMENT

I certify that I am at increased risk for COVID-19 based upon the criteria published by the CDC and that I am actively in the process of becoming vaccinated. I understand that all accommodations approved under this process are temporary in duration and will be adjusted as conditions warrant and based upon the needs of the university. I will include a documentation showing my vaccination status.

Employee Signature: _____ Date: _____

Extension of COVID-19 Health Accommodation - Department Review

Can the employee complete the essential functions of their position description while working remotely (please choose one):

YES NO

_____ Date: _____
Supervisor Signature

_____ Date: _____
Department Head Signature

Return completed form, along with a copy of your CDC COVID-19 Vaccination Record Card to your college/division HR Contact.

COLLEGE/DIVISION HR REVIEW:

Has the employee demonstrated high risk and have prior or concurrent approval of extension of remote work through a Temporary COVID-19 Health Accommodation?

YES NO

The request for an extension beyond April 17, 2021 is:

APPROVED DISAPPROVED

Comments:

_____ Date: _____
College/Division Representative Signature