



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

Work Assignment Modification Request Form

Employee Name: _____

Job title/location: _____

Please see our [FAQs](#) for more information about returning to work to in-person instruction during COVID-19.

I am interested in being considered for a work assignment modification for the remainder of the 20-21 school year. This request is due to:

- I have a disability for which a work assignment modification is an appropriate accommodation. Please attach [COVID-19 Accommodation Guidance Form](#) completed by your healthcare provider and return with this form. [See disability definitions and information on this information sheet.](#)
- I do not have a disability but am considered at higher risk for COVID-19 complications and have been advised to limit contact with others. Please attach any supplemental information that you feel would be helpful for us to understand your situation.
- I live with a family member who either has a disability where limiting exposure is appropriate OR is who is considered at higher risk for COVID-19 complications and has been advised to limit contact with others. Please attach any supplemental information that you feel would be helpful for us to understand your situation.
- Other (please explain). Please attach any supplemental information that you feel would be helpful for us to understand your situation.

Please submit your forms to Beth Summers (esummers@slcusd.org) in Human Resources. Our fax number, if you prefer, is (805) 543-7087.

Employee Signature

Date