

Taunton Public Schools
REQUEST TO WORK REMOTELY
FOR THE 2020-2021 SCHOOL YEAR

Please return all requests and supporting documents to cheryl.butts@tauntonschoools.org

This Request is only available for TEA Members who have a COVID-19 related underlying health concern or to care for a household member with COVID-19 related health concerns.**

Employee Name (print clearly) _____

Email: _____

Position (be specific): _____

School(s): _____ Date: _____

I have a COVID- 19 related underlying health concern. Supporting documentation from my personal physician is attached with this request.

I have a household member with COVID-19 related underlying health concerns. Supporting documentation from my family member's personal physician is attached.

I understand that I will not be permitted to work remotely until I have received written confirmation of approval for my request from the Superintendent of Schools. I further understand such approval will be for the 2020-2021 school year and will not establish any right to remote teach in the future.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

****Definition of Household Members:** "Household Members" will be interpreted to mean any person(s) who, for any period of time, are living together, or are sharing an occupancy of a dwelling.