



Request to Require Face Covering Form

While there is not currently a DHM for the city, campus discussions with Lincoln Lancaster County Public Health have focused on some of the particular components to classroom instruction in this environment. This form is to request approval for requiring face coverings in instructional spaces based on individual need of instructor or student. This form may only be completed by an instructor.

Well-Defined Needs of an Individual

If an instructor or student has a documented need for face coverings to be required in their classes the instructor may request to require face coverings in their classrooms using this form. Such requests should be submitted directly to the college deans office for approval, and Colleges must report approved instances to the relevant department chair/head/director and the EVC Office or IANR VC Office as appropriate.

Compliance

If face coverings are required in a class, failure to comply would be considered a code of conduct violation. For students, the Student Code of Conduct requires students to “refrain from conduct that threatens the safety of the community” and “interfering with an instructor’s ability to conduct class by failing to follow the instructor’s rules or instructions.” We ask that instructors provide explicit information to students about face covering requirements for any approved request to require face coverings.

Instructor Name:

Course Code:

Section Number(s):

Course Title:

I am requesting to require face coverings in this course/these courses because (check all that apply):

A member of my household is unable to receive a vaccination because they are under 12 years old

A member of my household has a health condition that renders the vaccine ineffective

A student in my course has informed me that a member of their household is unable to receive a vaccine because they are under 12 years old (Attach written request from the student)

A student in my course has informed me that a member of their household has a health condition that renders the vaccine ineffective (Attach written request from the student)

I understand that if this request is approved then the following language will need to be added to the syllabus for the affected course(s):

An individual in this course has a documented need for face coverings to be required in this course. Without divulging personal or identifying information, such a documented need might be that a member of their household is unable to be vaccinated or has a health condition that makes vaccines less effective for them. As a result, the College of _____ has determined that face coverings will be required in this course. If you are unwilling to comply with this requirement, please visit with your advisor about different sections or possible alternative courses that you might take in lieu of this one.

Approvals

Instructor Signature:

Date:

College Dean Signature:

Date:

For Deans Use Only

Date Reported to Relevant DEO:

Date Reported to EVC Office or IANR VC Office: