

# **Frequently Asked Questions**

## **Return to the Workplace**

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### **Department of the Navy**

### **Policy & Programs**

As of 19 June 2020





## **Return to the Workplace – Frequently Asked Questions**

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# Return to the Workplace – Frequently Asked Questions

## Purpose

The purpose of this document is to provide frequently asked questions (FAQs) and answers related to the transition and phased approach to returning to the workplace in alignment with national guidelines for *Opening Up America Again*. Department of the Navy (DON) Coronavirus Disease 2019 (COVID-19) FAQs continue to be updated as needed and are available on the Office of Civilian Human Resources (OCHR) portal:

[https://portal.secnav.navy.mil/orgs/MRA/DONHR/Pages/Coronavirus\\_details.aspx](https://portal.secnav.navy.mil/orgs/MRA/DONHR/Pages/Coronavirus_details.aspx).

## Gating Criteria and Operational Phases

The return to work plan has three phases that directly align with the guidelines established in the OMB Memorandum M-20-23, “Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*,” April 20, 2020 starting once gating criteria have been met, as identified in **Figure 1**.

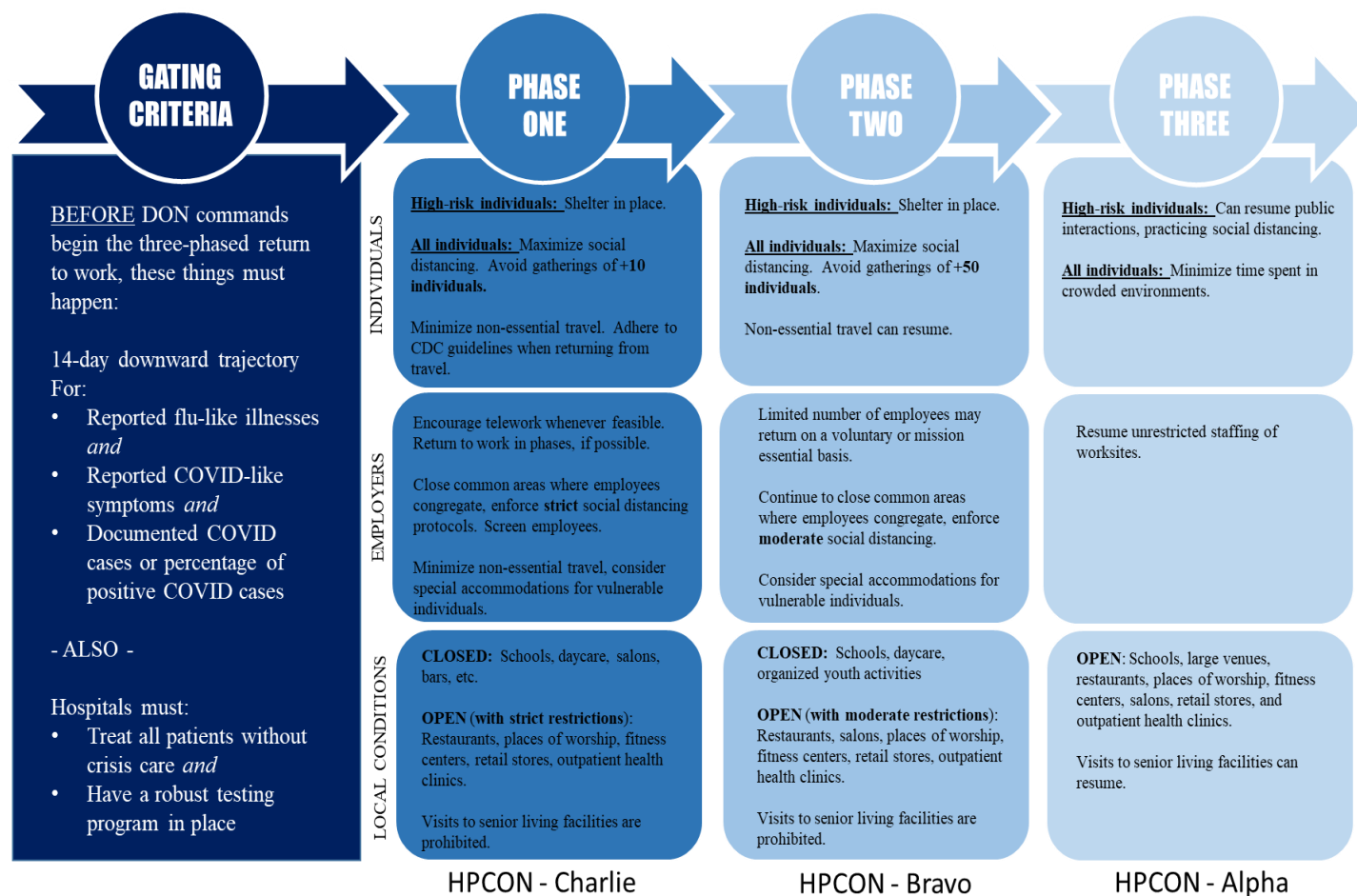


Figure 1



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Gates for moving from one phase to another are—conditional, based upon State, regional and local public health considerations, availability of hospitals and testing capacity, and monitoring for influenza-like and COVID-like illness in DoD’s Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE), as well as surveillance laboratory testing, as appropriate. Commanders will consider these factors and information from other relevant sources when making decisions to move appropriately to the next phase.

If installation commanders, working collaboratively with State, regional and local leaders, and public health experts, detect a resurgence in the spread of COVID-19, they must reassess Force Health Protection measures as well as return-to-work phase and HPCON status, and respond appropriately to protect the workforce. Force Health Protection Guidance and HPCON-related guidance will continue to be implemented to ensure protection for the workforce, including those who are most vulnerable (at “high risk”) to serious complications from the virus. It focuses on geographically based decisions by Governors and mayors and includes additional factors such as school and daycare closures, mass transit availability, parking availability, and local facility requirements.

### General

#### **DON Frequently Asked Questions**

**1. Q: Should training be developed to encourage social distancing and good hygiene as Commands resume normal operating status?**

**A:** Commands should distribute Centers for Disease Control and Prevention (CDC) guidance as appropriate. They may also develop hygiene and social distancing training programs based on CDC guidance but tailored to specific employee work environments.

**2. Q: What should a Command do if the return of Federal employees to their duty station conflicts with ordinances put in place by local or state authorities?**

**A:** As the decision of a Command to return to normal operations depends heavily on consultation with and guidance from local health officials, we expect such conflicts to be infrequent. However, OPM, in consultation with the Department of Justice, has determined that none of the orders issued to date restrict the ability of Federal employees from any travel necessary to perform official functions. OPM recommends that Federal agencies continue to follow staffing plans that have been adopted consistent with previous COVID-19 guidance issued by OMB and OPM.

Federal employees should continue to carry appropriate Federal identification (such as a CAC or PIV card, or agency-issued letter of authorization) when traveling to carry out Federal business and report to appropriate supervisors if there has been a travel issue with local law enforcement.

**3. Q: Will an employee who has direct contact with the public (e.g., investigator, park ranger, health care professional, police officer, firefighter, etc.) be required to report for work at the**



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**normal worksite and perform the normal duties of his or her position?**

**A:** Commands and organizations in states and locations that are in the Gating Period or in Phase 1 of the national guidelines should consider the need for public-facing employees. Employees deemed mission-critical that cannot telework will still need to report for work and perform the normal duties of their positions. Commands should consult with the CDC and the Occupational Safety and Health Administration to determine the appropriate mitigation measures warranted for their workplace.

**4. Q: NAVADMIN 155/20 (26 May 2020) includes mandatory medical screening prior to deployment. Does this apply to civilian and contractor personnel?**

**A:** Yes, however it specifically provides that this medical and screening and restriction of movement (ROM) guidance must be applied consistent with applicable employment and contract terms. As such, when applied to civilian employees and contractors, the screening must be consistent with the law and contractual agreements as applied to these individuals.

**5. Q: Do the procedures in NAVADMIN 155/20 only apply to deployment on ships?**

**A:** No. Although biased toward the shipboard environment, the guidance applies to all personnel and units deploying to and from homeport. It does not, however, apply to routine travel (e.g., TDY or TAD) unless connected with a deploying individual or unit.

**6. Q: What are the laws governing medical screening of civilian employees pursuant to NAVADMIN 155/20?**

**A:** The applicable laws include the Rehabilitation Act of 1973, applicable provisions of the Americans with Disabilities Act (the ADA). Depending on how the screening is performed, other laws implicated include the Age Discrimination in Employment Act of 1963, the Genetic Information Nondiscrimination Act, and Title VII of the Civil Rights Act of 1964. Under these laws, while a covered employer may conduct medical screening prior to an employee entering the workplace during this pandemic, it may not treat an employee adversely solely because of their membership in a protected class, to include their age (over 40), gender (including pregnancy), or disability. Acceptable medical screening during this pandemic may include taking an employee's temperature, reviewing the employee's COVID-19 exposure history, a check for COVID-19 signs and symptoms, a review of any past COVID-19 testing, and the employee's possible high risk factors.

**7. Q: Does the applicable law allow us to screen applicants and employees prior to deployment pursuant to NAVADMIN 155/20?**

**A:** Yes. The ADA permits employers to make disability-related inquiries and conduct medical exams if job-related and consistent with business necessity. Inquiries and reliable medical exams meet this standard if it is necessary to exclude employees with a medical condition that would pose a direct threat to health or safety. Direct threat is to be determined based on the best



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available objective medical evidence. The guidance from CDC or other public health authorities is such evidence. Therefore, employers will be acting consistent with the ADA as long as any screening implemented is consistent with advice from the CDC and public health authorities for that type of workplace at that time. For example, this may include continuing to take temperatures and asking questions about symptoms (or require self-reporting) of all those entering

the workplace. During the current pandemic, an employer may also choose to administer COVID-19 testing to employees before they enter the workplace to determine if they have the virus.

**8. Q: NAVADMIN 155/20 includes special approval for “high risk” individuals prior to deployment. Does the law allow us to prohibit deployment of civilian employees simply because they are in these “high risk” categories?**

**A:** No. The current CDC listing of high risk factors includes: age (over 65), chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised individuals (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), pregnancy, diabetes, chronic kidney disease undergoing dialysis, and liver disease. Adverse treatment of individuals because of their age, gender or disability is specifically prohibited by the law. An employer may not deny them the opportunity to deploy based solely upon their protected class status, such as their age, gender or disability. For those whose medical condition places them in a high risk category, an employer may only exclude them if, after a medical professional conducts an individualized assessment of the employee based upon their current condition and medical history, they pose a direct threat to health or safety to self or others.

The ADA direct threat requirement is a high standard. As an affirmative defense, direct threat requires an employer to show that the individual has a disability that poses a “significant risk of substantial harm” to his own health under [29 C.F.R. section 1630.2\(r\)](#). A direct threat assessment cannot be based solely on the condition being on the CDC’s list; the determination must be an individualized assessment based on a reasonable medical judgment about this employee’s disability – not the disability in general – using the most current medical knowledge and/or on the best available objective evidence. The ADA regulation requires an employer to consider the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the imminence of the potential harm. Analysis of these factors will likely include considerations based on the severity of the pandemic in a particular area and the employee’s own health (for example, is the employee’s disability well-controlled), and the employee’s particular job duties. A determination of direct threat also would include the likelihood that an individual will be exposed to the virus at the worksite. Measures that an employer may be taking in general to protect all workers, such as mandatory social distancing, also would be relevant. In the shipboard environment, both the limitations on the ability to ensure



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such protective measures as well as the availability of needed medical treatment facilities would also be a consideration.

Even if an employer determines that an employee's disability poses a direct threat to his own health, the employer still cannot exclude the employee from the workplace – or take any other adverse action – unless there is no way to provide a reasonable accommodation (absent undue hardship). The ADA regulations require an employer to consider whether there are reasonable accommodations that would eliminate or reduce the risk so that it would be safe for the employee to return to the workplace while still permitting performance of essential functions. This can involve an interactive process with the employee. If there are not accommodations that permit this, then an employer must consider accommodations such as telework, leave, or reassignment (perhaps to a different job in a place where it may be safer for the employee to work or that permits telework). An employer may only bar an employee from the workplace if, after going through all these steps, the facts support the conclusion that the employee poses a significant risk of substantial harm to himself that cannot be reduced or eliminated by reasonable accommodation.

**9. Q: If screening pursuant to NAVADMIN 155/20 is required to be conducted by a medical provider, who is responsible for conducting this medical screening?**

**A:** Medical screening prior to deployment is to be conducted by a medical professional obtained by the Department of the Navy at the expense of the Department.

## Workforce Relations and Compensation

### Employee Relations

#### DON Frequently Asked Questions

**10. Q: How should managers handle situations that arise in which employees fail to report to their assigned duty station?**

**A:** By following the approach to reopening the country reflected in the *Guidelines for Opening Up America Again*, taking into account phase determinations made by State governments, and continuing to use available and appropriate workforce flexibilities, agencies can fulfill their missions while protecting the health and safety of employees. Command management should never dismiss the health concerns of employees. Some employees may have reservations about returning to their workplace even as the likelihood of contracting Coronavirus diminishes. It is appropriate for agencies to work with labor unions and employees to address such concerns even after agency management has determined that it is safe for employees to return.

Once a Command has determined that sufficient conditions allow for employees to safely work in a given environment, employees can be expected to report to their office unless they have been approved to telework or are in an approved leave status.





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Before requiring employees to report to duty on-site, and when considering any administrative action based on non-compliance with a reporting requirement, agencies are encouraged to consider all facts and circumstances in each case. Such considerations may include limitations and concerns related to the use of public transit to the workplace, an employee's vulnerability to serious complications if infected, the presence of an individual in a CDC-identified high-risk category in the home, or child-care or other dependent care responsibilities resulting from daycare, camp, or school closures. Managers should determine if other options are appropriate, such as allowing employees to continue to telework or asking them to request personal leave (e.g., annual leave, sick leave if applicable, or leave without pay). If the worksite is in a jurisdiction still subject to restrictions related to COVID-19, agencies should consider the terms of any such restrictions as well as employee concerns about their safety in the workplace or during commuting and determine if steps can be taken to mitigate those concerns.

**11. Q: If an employee who returns to the normal worksite exhibits signs of illness, may a supervisor order the employee to leave work or work from home? If so, will the employee be paid during the absence?**

**A:** Employees that exhibit signs of illness should leave work immediately. Supervisors should remind the employee of his or her leave options, such as: requesting sick leave, annual leave, or emergency leave under the Families First Coronavirus Response Act (FFCRA), if available to the employee.

If the employee has no leave available, supervisors are authorized to approve requests for advanced leave or leave without pay in certain circumstances. When these leave options are not practical, a viable alternative, when the employee is covered by a telework agreement, is for the employee to work from home pursuant to an ad hoc arrangement approved by the employee's supervisor. When an employee opts not to take leave or telework voluntarily, a supervisor may find it appropriate to enforce the employee's use of leave.

Supervisors should consult with appropriate human resources (HR) staff and general counsel before taking such a step as enforced leave is an adverse action that imposes procedural requirements (i.e., advance notice, an opportunity to reply, the right to representation, and an agency decision) before actually enforcing the use of leave. Enforced leave of 14 days or less may be subject to agency administrative grievance procedures or negotiated grievance procedures. In addition, enforced leave lasting longer than 14 days may be appealed to the Merit Systems Protection Board (MSPB) or potentially grieved under any applicable negotiated grievance procedure. Supervisors need to consult with their HR office and legal counsel when deciding to enforce the use of leave, to ensure that the action is permissible.

See OPM Pandemic FAQs <https://www.opm.gov/FAQs/QA.aspx?fid=b48bf83b-440c-4f1e-a88c-3cdc9d802ac8&pid=0b70914f-7839-45cc-9dca-e52223e98671&result=1>





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### Telework

#### DON Frequently Asked Questions

**12. Q: Is a phased return to the workplace appropriate? Should ‘vulnerable’ personnel be permitted to continue emergency telework longer - who is vulnerable and how is that determined?**

**A:** As noted in OMB’s guidance, M-20-23, *Aligning Federal Agency Operations with the National Guidelines for Opening Up America Again* a phased return from maximum telework is appropriate and encouraged as local conditions improve. In accordance with the President’s *Guidelines for Opening Up America Again*, and CDC guidance, employers with vulnerable

populations, agencies, components, or duty locations in states or regions that remain in the Gating period, Phase 1, or Phase 2 should maximize telework for eligible workers. Telework should be maximized for eligible workers, including but not limited to populations that CDC has identified as being at higher risk for serious complications from COVID-19 (CDC High Risk Populations) and to CDC-identified special populations, including pregnant women (CDC Special Populations). In addition, to the extent possible, employers are encouraged to consider telework options for employees with vulnerable household members, until their state or region has entered Phase 3 in accordance with the *Guidelines for Opening Up America Again*.

For Commands or duty locations in regions or states that remain in the Gating period or Phase 1, a combination of maximized telework and flexible work schedules (FWS) should be used to improve social distancing between employees. Commands may expand the types of FWS that are available to employees, as different types of schedules provide different degrees of flexibility. Telework and FWS can also provide significant flexibility to assist employees attempting to meet other responsibilities, such as caregiving.

Supervisors should also review EEOC’s Return to Work guidance for vulnerable personnel. <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

**13. Q: What telework posture is appropriate after agencies end maximum telework?**

**A:** As noted in OMB’s guidance, M-20-13, *Updated Guidance on Telework Flexibilities in Response to Coronavirus*, agency heads have the flexibility to develop appropriate protocols for their operations. As conditions change, Commanders should revisit telework policies and agreements in order to continue progression toward normal operations or to address changing conditions while retaining the flexibility needed during the response. Commanders have full flexibility (as they do under normal operating conditions), to calibrate the extent of their telework, in accordance with the Telework Enhancement Act, as amended by the Administrative Leave Act, and in accordance with current law, regulation and any applicable collective bargaining



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agreement. (For example, see 5 U.S.C. chapter 65, when applicable.)

**14. Q: For localities where schools are closed, should telework flexibilities continue to be utilized for employees with school-aged children?**

**A:** Yes. Commands are encouraged to review the full spectrum of available workplace flexibilities, including telework and FWS, to support employees with children and other dependent care obligations.

### Labor Relations

#### DON Frequently Asked Questions

**15. Q: Does the Command have collective bargaining obligations when returning bargaining unit employees to the normal worksite?**

**A:** There may be collective bargaining obligations. When Commands decide to return to normal operations from the current posture of telework maximization, rescind evacuation orders if applicable, and recall employees to their office worksite, they are encouraged to communicate with employees and the appropriate union representatives as soon as possible regarding these plans. Commands should coordinate any such communications with offices of human resources, equal opportunity, and general counsel to address compliance questions including agency requirements pursuant to collective bargaining agreements and employee requirements regarding return-to-the-workplace directives. Command officials should coordinate with offices of human resources, facilities, and other appropriate stakeholders to determine the appropriate time period to transition back to normal operations.

### Equal Employment Opportunity (EEO)

#### DON Frequently Asked Questions

**16. Q: If a telework eligible employees requests to continue teleworking because of having one of the CDC-identified underlying medical conditions, should they be directed to go through the DON reasonable accommodation process?**

**A:** It depends. OMB’s guidance, M-20-23, Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*, provides information regarding appropriate telework levels during the three phases. Phases I and II indicate that agencies must maximize telework flexibilities specifically for “eligible workers within those populations that the CDC has identified as being at higher risk for serious complications from COVID-19 (CDC High Risk Complications)”. Additionally, the OMB guidance states that “agencies do not need to require certification by a medical professional, and may accept self-identification by employees that they are in one of these populations.” Therefore, going through the formal DON reasonable



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accommodation process is not required when an individual requests to continue teleworking due to being in the high-risk category during one of these phases. It is recommended that the supervisor document this determination for each employee through a memorandum for the record, which would be shared with the employee and the servicing RA POC, while maintaining confidentiality of such information.

Upon initiation of Phase III, “Operational Optimization,” all requests to continue teleworking due to a medical condition, even if that condition is listed as one of the CDC-identified underlying medical conditions, should follow the DON reasonable accommodation process.

**17. Q: If a telework eligible employee requests to continue teleworking because of having a medical condition that is not listed as one of the CDC-identified underlying medical conditions, should they be directed to go through the DON reasonable accommodation process?**

**A:** Yes. If the employee requests to continue teleworking due to a medical condition that is not listed as one of the CDC-identified high-risk health conditions, then the DON reasonable

accommodation process should be followed. The EEOC guidance on What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws, updated on May 7, 2020, states that after receiving a reasonable accommodation request, the employer may ask questions or seek medical documentation to help decide if the individual has a disability and if there is a reasonable accommodation, barring undue hardship, that can be provided.

Upon initiation of Phase III, “Operational Optimization,” all requests to continue teleworking due to a medical condition, even if that condition is listed as one of the CDC-identified underlying medical conditions, should follow the DON reasonable accommodation process.

## Equal Employment Opportunity Commission (EEOC) Frequently Asked Questions

**18. Q: As government stay-at-home orders and other restrictions are modified or lifted in your area, how will employers know what steps they can take consistent with the ADA to screen employees for COVID-19 when entering the workplace? (4/17/20)**

**A:** The ADA permits employers to make disability-related inquiries and conduct medical exams if job-related and consistent with business necessity. Inquiries and reliable medical exams meet this standard if it is necessary to exclude employees with a medical condition that would pose a direct threat to health or safety.

Direct threat is to be determined based on the best available objective medical evidence. The guidance from CDC or other public health authorities is such evidence. Therefore, employers will be acting consistent with the ADA as long as any screening implemented is consistent with advice



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from the CDC and public health authorities for that type of workplace at that time.

For example, this may include continuing to take temperatures and asking questions about symptoms (or require self-reporting) of all those entering the workplace. Similarly, the CDC recently posted [information](#) on return by certain types of critical workers.

Employers should make sure not to engage in unlawful disparate treatment based on protected characteristics in decisions related to screening and exclusion.

**19. Q: An employer requires returning workers to wear personal protective gear and engage in infection control practices. Some employees ask for accommodations due to a need for modified protective gear. Must an employer grant these requests? (4/17/20)**

**A:** An employer may require employees to wear [protective gear](#) (for example, masks and gloves) and observe [infection control practices](#) (for example, regular hand washing and social distancing protocols).

However, where an employee with a disability needs a related reasonable accommodation under the ADA (e.g., non-latex gloves, modified face masks for interpreters or others who communicate with an employee who uses lip reading, or gowns designed for individuals who use wheelchairs), or a religious accommodation under Title VII (such as modified equipment due to religious garb), the employer should discuss the request and provide the modification or an alternative if feasible and not an undue hardship on the operation of the employer's business under the ADA or Title VII.

**20. Q: What does an employee need to do in order to request reasonable accommodation from her employer because she has one of the [medical conditions](#) that CDC says may put her at higher risk for severe illness from COVID-19? (5/5/20)**

**A:** An employee – or a third party, such as an employee's doctor – must [let the employer know](#) that she needs a change for a reason related to a medical condition (here, the underlying condition). Individuals may request accommodation in conversation or in writing. While the employee (or third party) does not need to use the term "reasonable accommodation" or reference the ADA, she may do so.

The employee or her representative should communicate that she has a medical condition that necessitates a change to meet a medical need. After receiving a request, the employer may [ask questions or seek medical documentation](#) to help decide if the individual has a disability and if there is a reasonable accommodation, barring [undue hardship](#), that can be provided.

**21. Q: The CDC identifies a number of medical conditions that might place individuals at ["higher risk for severe illness"](#) if they get COVID-19. An employer knows that an**



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**employee has one of these conditions and is concerned that his health will be jeopardized upon returning to the workplace, but the employee has not requested accommodation. How does the ADA apply to this situation?**

**A:** First, if the employee does not request a reasonable accommodation, the ADA does not mandate that the employer take action.

If the employer is concerned about the employee's health being jeopardized upon returning to the workplace, the ADA does not allow the employer to exclude the employee – or take any other adverse action – *solely* because the employee has a disability that the CDC identifies as potentially placing him at “higher risk for severe illness” if he gets COVID-19. Under the ADA, such action is not allowed unless the employee's disability poses a “direct threat” to his health that cannot be eliminated or reduced by reasonable accommodation.

The ADA direct threat requirement is a high standard. As an affirmative defense, direct threat requires an employer to show that the individual has a disability that poses a “significant risk of substantial harm” to his own health under [29 C.F.R. section 1630.2\(r\)](#). A direct threat assessment cannot be based solely on the condition being on the CDC's list; the determination must be an individualized assessment based on a reasonable medical judgment about this employee's disability – not the disability in general – using the most current medical knowledge and/or on the best available objective evidence. The ADA regulation requires an employer to consider the

duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the imminence of the potential harm. Analysis of these factors will likely include considerations based on the severity of the pandemic in a particular area and the employee's own health (for example, is the employee's disability well-controlled), and his particular job duties. A determination of direct threat also would include the likelihood that an individual will be exposed to the virus at the worksite. Measures that an employer may be taking in general to protect all workers, such as mandatory social distancing, also would be relevant.

Even if an employer determines that an employee's disability poses a direct threat to his own health, the employer still cannot exclude the employee from the workplace – or take any other adverse action – unless there is no way to provide a reasonable accommodation (absent undue hardship). The ADA regulations require an employer to consider whether there are reasonable accommodations that would eliminate or reduce the risk so that it would be safe for the employee to return to the workplace while still permitting performance of essential functions. This can involve an interactive process with the employee. If there are not accommodations that permit this, then an employer must consider accommodations such as telework, leave, or reassignment (perhaps to a different job in a place where it may be safer for the employee to work or that permits telework). An employer may only bar an employee from the workplace if, after going through all these steps, the facts support the conclusion that the employee poses a significant risk of substantial harm to himself that cannot be reduced or eliminated by reasonable accommodation.



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**22. Q: What are examples of accommodation that, absent undue hardship, may eliminate (or reduce to an acceptable level) a direct threat to self? (5/5/20)**

**A:** Accommodations may include additional or enhanced protective gowns, masks, gloves, or other gear beyond what the employer may generally provide to employees returning to its workplace. Accommodations also may include additional or enhanced protective measures, for example, erecting a barrier that provides separation between an employee with a disability and coworkers/the public or increasing the space between an employee with a disability and others. Another possible reasonable accommodation may be elimination or substitution of particular “marginal” functions (less critical or incidental job duties as distinguished from the “essential” functions of a particular position). In addition, accommodations may include temporary modification of work schedules (if that decreases contact with coworkers and/or the public when on duty or commuting) or moving the location of where one performs work (for example, moving a person to the end of a production line rather than in the middle of it if that provides more social distancing).

These are only a few ideas. Identifying an effective accommodation depends, among other things, on an employee’s job duties and the design of the workspace. An employer and employee should discuss possible ideas; the Job Accommodation Network ([www.askjan.org](http://www.askjan.org)) also may be able to assist in helping identify possible accommodations. As with all discussions of reasonable accommodation during this pandemic, employers and employees are encouraged to be creative and flexible.

### **Where to Go for Additional Information**

For additional information, the following resources are available:

- CAC-enabled: Visit the DON Office of Civilian Human Resources portal at <https://portal.secnav.navy.mil/orgs/MRA/DONHR/Pages/Default.aspx>
- Non-CAC-enabled: Visit the DON Officer of Civilian Human Resources public website at: <https://www.secnav.navy.mil/donhr/Pages/default.aspx>
- Opening Up America Again Guidelines: <https://www.whitehouse.gov/openingamerica/>

### **Frequently Asked Questions References**

- EEOC’s Return to Work guidance for vulnerable personnel. <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>
- NAVADMIN 155/20: <https://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMIN/NAV2020/NAV20155.txt>