



Return to Work Employee Questionnaire

Employee Name: _____

In order to inform our departmental plans regarding returning to on-campus work, please provide responses to the following questions:

Considering the current [CDC guidance](#) on people who are at a higher risk for severe illness associated with COVID-19 and other COVID-19 factors please answer “yes” or “no” without specifying the factor that applies to you, if you would be UNABLE to come to work beginning on _____ (intentionally left blank for Division Chairs and Supervisors to fill in a date) because of any one of the following reasons:

- You need to care for a child because schools or daycare centers are closed;
- You need to care for other dependents if other services you normally rely upon for such support are unavailable;
- You are unable to travel to work based upon public transport being sporadic or unavailable; and/or;
- You or a member of your immediate household fall into one of the categories identified by the [CDC guidance](#) as being at high risk for serious complications from the virus, such as if you have been or would be advised by public health authorities not to come to work (e.g., pregnant women; persons with compromised immune systems due to cancer, HIV, history of organ transplant or other medical conditions; persons less than 65 years of age with underlying chronic conditions; or persons over 65).

Answer:

If yes to the first question above, when do you anticipate being able to return to on-campus work?

Answer:

If yes to the first question above, are you able to continue teleworking at this time?

Answer:

If no to the first question above, are there any questions or concerns you have regarding returning to on-campus work on _____?

Answer:

I hereby attest to completing the video training requirement:

Employee Signature _____ Date _____