**Employee Acknowledgement of Safety Procedures Upon Returning to Work**

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I recognize that a change in workplace practices is necessary to reduce the spread of COVID-19. By signing below, I agree to the following:

🞏 I will familiarize myself with the **[District’s]** COVID-19 workplace safety protocols.

🞏 I will not come to work if I am exhibiting symptoms of COVID-19 (e.g., fever, chills, cough,

shortness of breath) and will leave work if I develop symptoms while at work.

🞏 I will wash my hands regularly with soap for at least 20 seconds. When soap and running

water are not available, I will regularly use an alcohol-based hand sanitizer.

🞏 If required, I will consistently and correctly wear an appropriate face covering, face mask, or

face shield.

🞏 I agree to employer-administered temperature screenings.

🞏 I agree to complete **[District’s]** COVID-19 Employee Health Screening Form.

🞏 I will observe physical distancing practices to the best of my ability by staying at least six feet

away from others, and will avoid physical contact entirely (handshakes, high-fives, fist

bumps).

🞏 I will practice good respiratory etiquette, including covering coughs and sneezes.

🞏 I will minimize the amount of time I spent outside of my designated workspace.

🞏 I will avoid gathering in common areas (breakrooms, communal kitchens).

🞏 If I am unable to comply with the COVID-19 workplace safety protocols for any reason, I will notify my supervisor immediately.

🞏 I understand and acknowledge that failure to comply with these policies may result in discipline, up to an including termination.

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Name (Print)

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Name (Signature) Date